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ABSTRACT

This KIDS COUNT report presents information on the status of Illinois children and highlights strategies used to improve the well-being of children and families. The first section, "Facing the Challenge," contains a series of conversations with experts detailing current programs to meet a six-point action agenda: (1) support new families; (2) start early in every child's life; (3) improve schools; (4) provide quality health care; (5) work in collaboration; and (6) provide family economic security. "A Look at the Challenges" presents findings on 12 indicators of well-being, including countywide data. Indicators are: (1) unemployment; (2) children receiving Aid to Families with Dependent Children (AFDC); (3) child support enforcement; (4) infant and toddler care; (5) prekindergarten and Head Start participation; (6) per-pupil revenues; (7) lack of first trimester prenatal care; (8) infant mortality; (9) youth deaths; (10) children born to single, uneducated teens; (11) abuse and neglect rates; and (12) children in substitute care. Findings indicate that the number of children receiving AFDC has increased; Illinois ranks 48th in its ability to collect child support; lack of first trimester prenatal care has improved between 1984 and 1994; infant mortality has been improving although there is still a large gap between blacks and whites; there are continued problems in affordable, accessible quality infant and toddler care; there has been a substantial increase in 10 years in the number of families headed by single, teen mothers who have not completed high school; child abuse and neglect rates have increased substantially; and out-of-home or foster care has seen an enormous increase in 4 years. (KDFB)

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Illinois Kids Count

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About Voices for Illinois Children

Voices for Illinois Children champions the full development of every child in Illinois. Special emphasis is placed on those children who live in poverty or are vulnerable because of discrimination, ill health or family stress.

Voices is a non-profit, non-partisan, citizen-based advocacy group addressing problems faced by Illinois children and their families. Through research, public education and coalition-building, Voices generates support from civic, business and community leaders for cost-effective and practical proposals to improve the lives of Illinois children.

Voices for Illinois Children acknowledges and dedicates this report to individuals who make a critical impact on the lives of children. These individuals include parents, teachers, volunteers who work with children in schools and through organizations, grandparents, uncles, aunts—and all who help children cross the bridge to adulthood through an example of caring, patience, creativity and humor.

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If you would like additional copies of *Illinois Kids Count: Rise to the Challenge*, please send a check for $15 ($12 for Voices members) to Voices for Illinois Children, 208 S. LaSalle St., Suite 1580, Chicago, Illinois 60604. Voices also has specific information on each county available free of charge. For an individual county fact sheet, write or call Voices at (312) 456-0600.

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Rise to the Challenge

The ability to rise to any challenge—to accept responsibility, to take decisive action—is the measure of every person, family, community and society. *Illinois Kids Count: Rise to the Challenge* describes efforts throughout our state in which people are rising to the complex challenges facing children and their families. This report also documents various conditions confronting our youngest neighbors—and outlines a six-point Action Agenda that challenges each of us to play a role in overcoming these barriers. The agenda urges us to:

- **Support new families:** We must ensure that families become strong families.
- **Start early in every child's life:** We must ensure that children receive quality nurturing and learning from the earliest years on.
- **Improve schools:** We must ensure that children receive a high quality education, no matter where they live.
- **Provide quality health care:** We must ensure that children are healthy.
- **Work in collaboration:** We must ensure that communities are given the support, responsibility and accountability to serve families most effectively.
- **Provide family economic security:** We must ensure that families are economically self sufficient.

A single theme is emphasized throughout these action steps—a common-sense notion that people know and that studies now show, but an approach that has yet to be fully embraced in Illinois: "Start early."

We must focus our efforts and public policies on starting early—by supporting families and nurturing the learning that begins when a baby enters the world—to set children on the right course for success in school and throughout life.

That is the bottom line challenge for each of us—for every parent, every educator, every child care provider, business owner and policy maker: We must start early if we ever truly expect to say that kids count in our communities and throughout our state.

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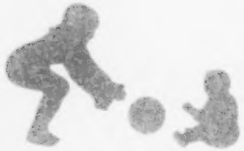
Kids Count Action Agenda

We must ensure that all families become strong families.

Individuals and families should: spend more time—reading, talking and playing—with their own children.

Communities should: create family support programs.

Policy makers should: offer voluntary assistance to every new mother by a home visitor (by adequately funding the Healthy Families Illinois program), make early intervention services available for all young children with developmental delays, and foster improved collaboration among services for families and their children.



We must ensure that all children receive quality nurturing and learning from the earliest years on.

Individuals and families should: be informed consumers of early childhood education and child care in all settings, including schools, child care centers, family day care homes and with babysitters.

Communities should: work with principals and school boards to expand pre-kindergarten in collaboration with Head Start and local child care programs.

Policy makers should: enact laws to improve the quality of child care programs, and make child care available to all low-income families who need it while they work.

We must ensure that all children receive a high-quality education, no matter where they live.

Individuals and families should: be involved in their child's education at home, by meeting with teachers and visiting schools, and by joining organizations like PTAs, school boards and local school councils.

Communities should: encourage local businesses to become involved in preparing young people to have the skills they'll need for employment in the 21st century.

Policy makers should: reform school funding to provide fair, adequate resources to enable schools to provide high quality education.

We must ensure that all children are healthy.

Individuals and families should: encourage expectant mothers to obtain prenatal care and make sure that children receive regular check-ups with immunizations.

Communities should: work together to make local health care clinics available and open during after-work hours.

Policy makers should: enact laws providing low-cost health insurance for children who aren't covered for regular check-ups (by supporting CHIRP, the Child Health Insurance Reform Plan) and for children whose families are completely uninsured.

We must ensure that communities are given the support, responsibility and accountability to collaborate most effectively.

Individuals and families should: become involved in their communities by voting, by serving on local councils, and by volunteering in local charity efforts and tutor-mentor programs.

Communities should: maximize local resources by helping community agencies, businesses, officials, residents and others to collaborate most effectively and efficiently.

Policy makers should: adopt a matching grant program to help fund after-school and job programs through schools, parks and municipal agencies, and enact a law requiring parents to lock up handguns in the home, away from children's reach.

We must ensure that all families are economically self-sufficient.

Individuals and families should: encourage family-friendly workplace policies.

Communities should: help organize a community clearinghouse for training and job opportunities, scholarships, grants and other family supports such as child care and transportation.

Policy makers should: enact a tax credit to boost working poor families out of poverty, develop an adequate safety net to help families while they obtain and keep their jobs, and enact tough laws against deadbeat parents.

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Facing the Challenge

People across this state have begun to rise to the challenge of solving the problems facing our children and families. Experts agree that with hard work—and by learning from past experiences—we can help more children grow up healthy, safe, nurtured and well-educated. If we do not rise to the challenge, our future—the future of each person in every county across the state—is in jeopardy.

Facing the Challenge highlights people and communities across Illinois already are working to improve conditions for children. Voices for Illinois Children sent a team of reporters and photographers to document some of these efforts. Illinois Kids Count also interviewed various experts to better understand the problems facing our families and the key ways that individuals, community leaders and policy makers can make a difference in the lives of children.

These are only a few of the people rising to the challenge. We encourage you to tell us about other successful efforts.

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Support New Families

'Friends' help new moms learn the ropes

by Patrick Barry

Ambar is a smiling 16-year-old with a 3-year-old sister in tow because their mother works long days at a Naperville nursing home. Ambar is five months pregnant and listening intently to an enthusiastic Sylvia Schoenwetter, like herself an immigrant from Mexico.

Sylvia is coaching Ambar about her *"bebe"* in a sing-song Spanish mixed with English: *"Si, 24 horas al dia,* holidays and weekends, *ser una buena mama* (to be a good mother). But it's worth it." Sylvia is a family support worker for

Healthy Families America in Aurora, one of hundreds of "parent support" initiatives that have sprung up since a 1985 demonstration project in Hawaii. The Aurora concept is simple: To promote healthy child development and avert child abuse and neglect, provide first-time moms with a friendly visitor in the home from before the baby is born to three years after birth.

Sylvia and coworker Jean McHenry are typical of the Healthy Families approach. They are not social workers or psychologists, but moms with a good sense for people, a sunny disposition, a good deal of training and a drive to help fragile parents. "The good days are great," says Jean as she drives to a local homeless shelter. She tells of a husband and wife, both developmentally disabled, who are rising to the challenge of caring for their baby. "I see them every week and they are so proud," says Jean. "If I run 10 minutes late, they're on the phone asking when I'll be there."

Pride is one emotion Healthy Families workers nurture

in their parents, and Jean gets a chance at the shelter with Mavis, who emigrated from Ghana four years ago and lived in Maryland until recently. Mavis was frightened and alone when Jean met her a few weeks before; her doctor had told her that a lack of prenatal care may have endangered her fetus. When labor came early and then subsided, Jean was there. And soon after the healthy child emerged, Jean walked into the hospital room to find Mavis smiling and tiny Joshua cuddled under the covers.

Having shared the labor experience, Jean and Mavis are not strangers but neither are they friends. Jean touches the baby and praises his thick black hair. "How is he eating?" she asks. "Is the umbilical cord drying up?" "Are you getting any sleep?" Mavis reveals the blackened cord and shows where she has been wiping it with alcohol. Jean nods approval, and Mavis adds that she wakes every two to three hours to breastfeed at night. Mavis basks in this attention; when conversation lags, she gazes, smiling, at the baby. The visit includes watching a video about new-baby care and presentation of some baby clothes from the program's volunteer network. Finally, Jean flips open her appointment book and asks Mavis if she's available next Wednesday. Mavis says yes; her face reveals more: relief that she is not alone.

It is not always so on the 15 weekly visits each worker makes from the offices of the Visiting Nurse Association of Fox Valley. Some parents hardly look at the baby while talking to the visitor, or break appointments after the first

weeks or months. Others are hostile to the baby and the burdens it has created and opportunities it has blocked. When filling out forms after each visit, Jean sometimes circles "chaotic" and "messy" to describe the home, "depressed" or "unkempt" to describe the parent. But Jean and Sylvia don't give up easily; they both faced difficult times when their own children were born, and seem driven to help others discover, as they did, the pleasures of parenthood. Sylvia talks with pregnant moms not just about nutrition and labor, but about what they want their baby to be, from healthy to strong to smart to a leader. "I try to help them fall in love with the baby growing inside them," she says.

Karen Turk administers the Aurora program and believes a key element is the use of non-professional home visitors. Though Mavis calls Jean her "nurse" and Ambar looks up to Sylvia like a teacher, neither woman has a college degree. Each has attended a training course offered by the National Committee to Prevent Child Abuse. The magic, says Turk, comes not from fancy techniques but person-to-person contact and empathy, the kind once provided by neighborhood gatherings or their equivalent in villages around the globe.

Efforts to support all parents are growing across the state and include early identification of at-risk families, voluntary participation, periodic gatherings of the parents to provide peer support, and ongoing connections to health care and other support programs to help families tap community resources.

This framework may be crucial to reverse steady growth in reported child abuse and neglect in Illinois and the nation. A 1996 federal study found that abuse or neglect cases nearly doubled between 1986 and 1993, to more than 2.8 million. Illinois investigated 136,000 cases in 1994, up dramatically over 10 years and tragically including 88 deaths. Very young children, studies say, are most at risk.

An initiative to expand programs to support parents, called Healthy Families Illinois, was begun in 1994. It is too new to provide statistical evidence of children saved, but Karen Turk and staff insist that many of their 60 Aurora families are stronger because of the visits. "You can't always make a difference," Turk admits, but she is emphatic about two things. The regular home visits and early intervention are working. And the use of non-professional support workers—people like Jean and Sylvia—is practical and cost-effective. The trick is finding the right people. "I've been lucky," Turk says. "My support workers love their jobs, and they are very good at connecting with the parents."

For more information contact: Karen Turk, Healthy Families in Aurora, c/o Visiting Nurse Association of Fox Valley, 1245 Corporate Blvd., Aurora, IL 60504, (630) 978-2532.

A conversation about family support

Anne Cohn Donnelly is President of the National Committee to Prevent Child Abuse.

Kids Count: What is the current status of Illinois families and how have they changed over time?

Anne Cohn Donnelly: There are many different issues impacting families today, whether two-parent or single-parent families. In general, I think all families are much more isolated and much more stretched than ever before. Add to that the fear of not even knowing how to raise your child. When I was growing up there was a certain set of expectations about how children were to be raised. Whether right or wrong, these provided common guidance for parents. These days there are so many different methods, models and messages about "good parenting" and "bad parenting." It

simply is much more confusing. That makes raising children for all families, mine included, much more challenging.

In addition, families clearly have fears about society. More families are directly or indirectly affected by unemployment, family violence, crime, drugs and poverty than ever before. There is a perception by all families that their children are at least at-risk of being exposed to these problems. If you look at public opinion polls, Illinoisans see their children as at risk of failing to make a successful transition into adulthood. Even if the real risks are minimal, the fear is still there. When I was a youth, I used to ride my bike to my friend's house at dusk. Today, I would not let my daughter ride at dusk and we live in a neighborhood with negligible risk. These issues affect families in different ways, but as a general rule, they have caused parents to be more fearful and have affected the sense of "community" we used to have.

KC: How are these challenges different for new families and teen parents?

ACD: These stresses, strains and challenges are particularly difficult for new parents as they learn how to care for their baby, and where to turn if they have questions. The increasing isolation means that many new families don't have the support systems in place to help them answer their questions. Teen parents face even greater challenges. Not only are they "new" parents but many are just kids themselves. They often aren't emotionally mature or financially ready to support a new baby. So they need even more support.

KC: How does this all relate to abuse and neglect?

ACD: Over the last decade we have seen an increase in neglect and an increase in more vicious and violent cases of abuse. A real concern to me is the increase in chronic neglect—these represent some of the most difficult families to help. The life patterns, behaviors and choices people make are learned over time. What we see over time with chronic neglect is a cycle of neglect—not just one generation of bad parenting, poor nutritional habits, poor living conditions, but several generations. That, combined with the lack of community and family support, has contributed to the current abuse and neglect trends.

KC: So is it accurate to say that abuse and neglect can be linked to later problems?

ACD: The data indicate that children who grow up in homes where there is abuse or neglect are five to six times more likely to commit abuse or neglect. The expanding base of knowledge regarding brain development and the importance of early childhood show that it is critical for a child to begin with love and nurturance. We can debate all we want about whether there are direct links between abuse and crime or other negative outcomes—but we can't debate, because it is fact, that what happens in early childhood does make a difference.

KC: What do we need to do to support families and create a positive environment for children?

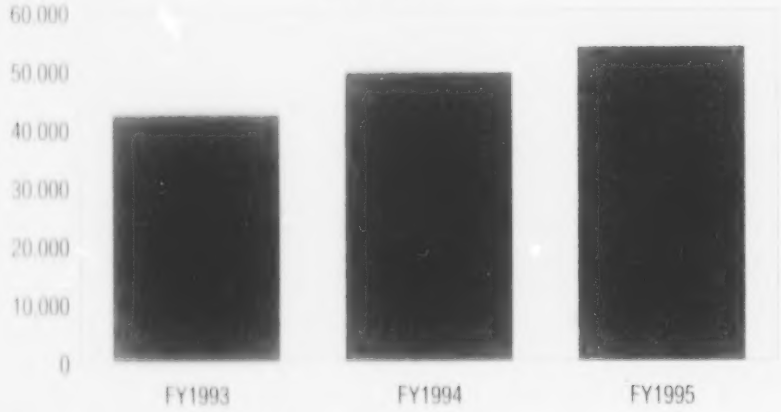
ACD: There are two key components that all families need—financial resources and a support network. I've come to believe that the single most important thing a new family needs is someone or somewhere to turn to with a question or concern, someone to turn to for support. The best way to help new families is to target them during pregnancy or at birth. It is critical to reach them early before patterns are set and to help build a base of support. Once this is in place families can tap into their informal network when they need help and leave it alone when they don't.

There are more than 230 Healthy Families America sites across the country—efforts which target new parents to help them get off to a good start. A central ingredient in the success of these services is helping new families create a network of support.

KC: What is the status of these support initiatives in Illinois?

ACD: There are all types of programs—many of which aren't very old—but the preliminary data suggests that child abuse rates are going down. The best news about these efforts is that we are getting away from the "model"—"the teen parent model," "the new family model"—and we are funding all kinds of programs offering supportive services to new families. The names and the program details don't matter. The key is that families are getting the support they need for the length of time they need it. The other neat thing is

Illinois Child Victims of Abuse or Neglect
1993-1995



Source: Department of Children and Family Services

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"The expanding base of knowledge regarding brain development and the importance of early childhood show that it is critical for a child to begin with love and nurturance."

that all different kinds of programs—education, health, social services—are realizing this at once and are now beginning to work together. This coincides with what all the early childhood and child abuse/neglect research says—start early and give intensive, comprehensive services. So we are seeing these types of initiatives pop up not only in Illinois, but all across the country.

KC: What are the outcomes from these types of programs?

ACD: Healthy Families America and similar efforts can prevent child abuse and other problems. It may cost $2,500 for a family for a year, but this is far less expensive than placing a child in foster care or a year in prison. And how can we even begin to measure the costs or savings of pain and suffering from abuse and neglect?

KC: What is the role of government, business and communities in supporting families?

ACD: For one, there are a whole set of workplace policies that can help support families—flexible hours, on-site child care, benefits. There are also a whole set of responsibilities for religious and community groups—helping provide personal support to families. If we believe that every new family should be reached out to—2.7 million nationwide—it's going to take the government, as well. What would be best is for government to set standards and provide funding, but let the community define and provide the supports itself.

Kids Count Fact

In Illinois, one in every seven children is born to a single, teenage mother who has not completed high school.

KC: If you were going to design a family support initiative, what in your opinion would be the core components?

ACD: There is really only one thing: Start early and often! We need to be concerned about our 8-year-olds and our children in junior high and high school, but if we have learned anything over the last couple of decades it is that we've tried to do too much for too many. And all the research seems to tell us that if we want to make the biggest impact, the best place to begin is at the beginning. Any family support initiative must have at its core helping all new parents get off to a good start.

Start Early

Quality early education and child care sets kids on right course

by Laurie LeBreton

The roomful of preschoolers at Von Humboldt School in Chicago are learning to fly. Teachers, aides and parents—some dressed as pilots and flight attendants—are greeting the line of kids with smiles and salutes, and helping them choose window seats or aisle seats in several rows of chairs that today are making an imaginary airplane that will fly the students to Hawaii.

"Welcome to Von Humboldt Airlines flight 1345," the pilot says. A few minutes later, the kids will be greeted again with traditional Hawaiian leis when they "land" at their destination.

The experience is just one of the creative, early learning activities taking place in numerous schools, centers and homes across Illinois on any given day. It is the sort of activity that quality early education and child-care providers use to stimulate growth during the most fertile learning time in every child's life—the very earliest years.

The fun the kids are obviously having carries with it important assets—cognitive, social and emotional development experiences—that better prepare the youngsters for school and for life. The bad news is that only a small percentage of young Illinois children can take advantage of this sort of quality experience. Some 20,000 Illinois families are on waiting lists for state-supported preschool and about 22,000 are on waiting lists for child-care assistance. What's more, even the parents who do have access to child care often find themselves patching together the services of many different caregivers to cover a full year of full working days.

Child care is the oldest and biggest program offered at the Lessie Bates Davis Neighborhood House in East St. Louis. The center provides care and education for children from birth to 5 years old. Some children are in a child-care center on-site, while others go to child-care homes with providers trained by Neighborhood House staff. All children receive high-quality, developmentally appropriate care. Children who are not in child care take part in play groups, parent-child groups and other center activities.

Staff members screen all the children who come to the center to make sure they are developing normally. If they find that a child needs help in some area, they work as partners with parents to provide it. Neighborhood House staff stress to parents that starting to work with a child at a very early age pays benefits over a lifetime. If a child can't express herself appropriately for her age, for example, everyone—center staff, child-care providers and her parents—works to help her develop language skills. If they start early enough, she's ready to learn when school starts.

"All parents care about their children, of course. But if they're worried about meeting basic needs like food and shelter, they're not going to be able to concentrate on their children. They think, 'I'll get to working on them later.' So our agenda is to work with both children and

their parents," says Johnnie Penelton, a Neighborhood House staff member. "And we try to deal with the whole community—fathers, brothers, grandfathers, the guy living in the neighborhood. We try to make them all part of what we're doing."

"I was pregnant, I had two little children, and I was standing on the corner," recalls a parent named Kim. "I had no place to go." Lucille, a worker from the Neighborhood House helped her find somewhere to go—and much more.

"One of our workers met Kim as she was going to the corner store. We always stop to talk with pregnant women—to invite them to the center," says Penelton. When parents reach the center, they find a wide ranges of supports for their children and for themselves.

Working as partners with staff, parents use these services to become self-sufficient and to provide their children with the nurturing they need to meet the challenges of the future. Family Advocates—case workers—coordinate all of these services and make weekly visits to families at home.

"Early on we saw that many of our families had several different kinds of problems, and that the support systems to help them deal with them were fragmented. That's why we decided to provide a broad range of services and to coordinate them carefully," says Bill Krieb, executive director.

Job training and placement, counseling, substance abuse treatment, parenting classes and parent support groups are all part of the program. So is comprehensive health care. "We go way beyond immunizations for children," Penelton says. "We take care of the children, the mothers and the grandmothers—everyone. Because if you have health problems that you're not dealing with, you can't take care of the other areas of your life."

Workers helped Kim with her most basic needs first. They found a doctor and a homeless shelter willing to take a woman who was nine months pregnant. Before her son was born they helped her find permanent housing.

Center staff tested her children to see if they were developing on schedule. They set up a program of activities for them that everyone—the childcare center staff, other Neighborhood House staff and Kim—followed. Counseling helped the children recover from the experience of living in shelters.

Kim also took part in counseling, and she joined parent support groups and parenting classes. As she grew stronger, she was able to go back to school and get an associate's degree in child care. She is now the lead teacher in a childcare center.

For all Neighborhood House parents, the partnership continues long after families get on their feet—and start to fly on their own. "We don't want parents to think that we'll leave them after they've taken a few steps," says Penelton.

Even the most successful parents encounter problems. When Kim's youngest child began to have difficulties with school, Neighborhood House was there again, providing counseling, assistance in working with the school, and optimism. "We knew he'd be all right. He was just reacting to some family stress, and we knew how to help Kim deal with it," Penelton says.

For Neighborhood House, the biggest challenge is finding adequate funding. "Programs that work cost money," says Krieb. "All of us—social service providers, government and low-income people—know what it's going to take to turn this situation around. It's programs like ours. All we have to do is get on board."

For more information, contact Bill Krieb, executive director, Jessie Bates Davis Neighborhood House, 1200 N. 13th Street, East St. Louis, IL 62205, (618) 874-0777.

To obtain a copy of "Learning to Fly," a 12 minute video highlighting the importance of early childhood care and education produced by Voices for Illinois Children, call Carol Dellahoussaye at (312) 456-0808.

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A conversation about early education and child care

Paula Jorde Bloom is a professor of early childhood education at National Louis University.

Kids Count: Who are the consumers of child care and what are their needs?

Paula Jorde Bloom: There are three different kinds of child-care consumers, which I would group by socio-economic strata: the bottom tier—the poor; the middle tier—middle income or working class; and the upper tier—the higher income professional families. Their needs for care are really quite different. In general, I would say that all three tiers of parents have become smarter consumers and are beginning to ask the right questions when looking for

care—staff turnover, training, licensing and other components of quality care. But many consumers, depending on their tier, are limited in the choices available to them. The lowest tier are the ones in subsidized care programs. They have virtually no choice, but they pay little or no cost for care. At the other end of the spectrum, the upper tier face issues of cost, but they have more choice and flexibility in their care arrangements. It is the middle tier that I am most worried about. They often make choices based solely on what they can afford rather than on issues of quality. Often they convince themselves that the environments they put their children in are high quality, even if they are not.

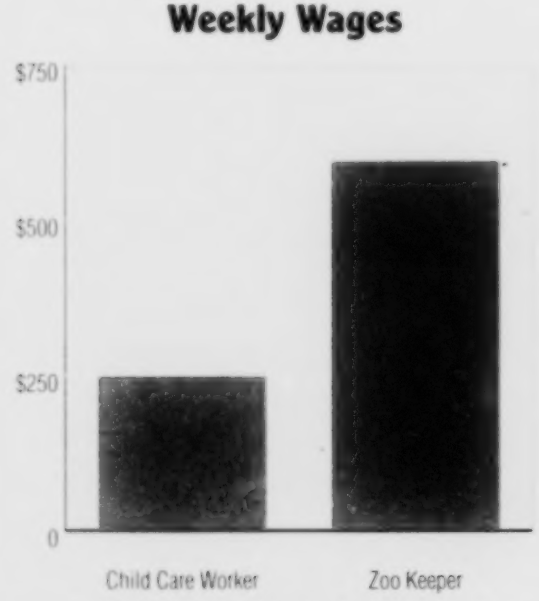
KC: Describe the types and the quality of current care arrangements.

PJB: There is more infant care available now than there used to be, although we know that it is not always of high quality. There has also been a shift to using more center-based care as opposed to extended relative care or family day care than before. This may reflect an increased trust in center-based care because it can be more dependable than other alternatives. There are still many children in family day care, which is largely unregulated. This is worrisome. While there are pockets of excellence, studies show that much of family day care is pretty dismal. I think that parents believe that this care, because it happens in a home, better approximates the care they would give their child if they could—but specialized training is often lacking so the quality of many family day care environments suffers as a result.

Welfare reform will increase the demand for out-of-home care. We must ensure that there are high quality programs to accommodate this. This will not be easy. There are already proposals being considered that would place the children of the working poor with untrained caregivers because it is both expedient and less expensive than subsidized center-based care. The developmental needs of these vulnerable children must not be compromised because of fiscal expediency.

KC: How do you define quality?

PJB: Society tends to define quality based on what the experts say



Source: Brookfield Zoo, Brookfield, Ill., based on Zoo Keeper with at least one year of experience. Illinois Early Childhood Work Group, based on average salary of a center teacher.

is quality. But I believe that the definition of quality depends on the context of the situation and on who is asking the question. Quality to a parent can be different than quality to a politician. My definition of quality care places a high premium on teacher training, staff stability and teacher salaries. I think these are essential elements. Highly qualified, well-paid child-care directors tend to operate better centers—have lower staff turnover, and better program continuity—all of which is better for kids.

KC: What would the cost be to provide this "quality" care?

PJB: The costs would have to reflect a program that meets the needs of parents—is full day, full year and has highly qualified teachers, adequate space and resources as well as support for parents. While this may be expensive, for each dollar we invest, we save from $5 to $7 in future expenses. I think the best way to go is a universal system. I look to France as a model where child care is universal and is a subsidized entitlement. A universal system will increase overall quality because you have all levels of child-care consumers pushing for higher quality standards in every center. Unfortunately, I don't think we'll ever see a fully subsidized universal program in my lifetime. We could implement a child-care model where people buy into it or are subsidized at various levels depending on their income. We need to turn the paradigm upside-down and stop asking how many can we serve for "x" number of dollars. Rather, we have "x" number of kids and "x" number of dollars, how can we devise a system that fully subsidizes some and partially subsidizes others while providing everyone with quality care?

KC: What are the outcomes of having a good quality early childhood environment?

PJB: Considerable research has concluded that many of our intervention efforts with at-risk children provide too little too late—and what gains are achieved are often short-lived. Research from neuroscience provides compelling evidence that by providing the right kind of nurturing and intellectually stimulating environment, we can literally increase a child's cognitive and emotional capacity to learn. University of Kansas researchers Betty Hart and Todd Risley, for example, have found that the sheer amount of talking that a child engages in with his or her parents during the second and third year of life shapes that child's language learning trajectory. So ensuring quality is more than providing an enriching child-care experience—we need to look at parent education, health, housing, and reducing the incidence of poverty. If we don't ad-

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"Ensuring quality is more than providing an enriching child care experience—we need to look at parent education, health, housing, and reducing the incidence of poverty."

dress these intertwining issues, we'll be spending more money on programs that will only have a moderate impact.

KC: Many conservatives argue that out-of-home care is detrimental to children and as a result mothers should stay at home. What do you think?

PfB: I think most child-care advocates share some common ground with the "radical right." I don't know anyone who would want to impose out-of-home child care for every child. We need a public policy system that allows families to make choices. Yes, there are definitely some out-of-home care arrangements that are detrimental for children's healthy development. Mothers and fathers should be encouraged and supported to stay at home to raise their children, but if circumstances don't permit this, they need to know that the out-of-home care arrangement they have selected is of high quality.

KC: What is the role of government in ensuring quality early childhood environments?

PfB: There are a couple of roles that government should play. We need to rely on government to articulate and enforce a floor—a minimum standard below which harm might exist. Government should also provide incentives that might help to raise the ceiling of care. For example, programs that meet accreditation standards for high quality programming could be reimbursed at a higher rate. Government could also provide funding to implement a voluntary directors' credential program and incentives to programs that provide on-going professional development for their staffs. Public service announcements that help increase parental awareness of the components of quality might also improve the consumer demand for high quality programming. While government has a key role to play in ensuring the provision of quality child care, the corporate and philanthropic community must also share in the responsibility for increasing the public's awareness of these critical issues.

Kids Count Fact

The real earnings for staff in child care centers has declined 20 percent since the mid-1970s.

KC: What are the key components you see as necessary to ensure a good quality environment for kids?

PfB: I see several key components.

One, a language enriched environment—one that is child-centered rather than regimented.

Two, a "seamless" system of care that follows the child throughout the day, and is flexible in meeting the parents' changing needs.

Three, a good environment for child-care workers. We neglect our early childhood education work force. We don't pay them what they deserve, we don't give them the space or resources they need, and we don't treat them as professionals. A quality work environment directly translates into higher quality care for children.

A tale of two cities: Dollars make a difference

by Linda Abbott

By 1993, the long-simmering financial crisis in the Mount Morris public schools had reached the boiling point.

Strapped for funds and facing a mounting deficit, the local Board of Education had tried everything to keep the schools afloat without sacrificing its commitment to providing a quality education. It cut costs to the bone, laid off eight teachers, eliminated vocational classes and shut down the junior high school.

The Challenge: Improve Schools

But that wasn't enough. So the Board of Education took an unusual action. It voted itself out of existence. In doing so, it forced a merger with the nearby Oregon district, which earlier had rebuffed attempts at consolidation.

The story of the Mount Morris schools is a textbook example of what is wrong with Illinois' system for funding public education. While the community waged a valiant struggle to provide the best education possible for its children, its efforts failed because of a public school financing system that rewards property-rich districts and punishes poor ones.

"The district was in debt because the property values in the community didn't provide enough tax revenue to pay the bills," recalls Dr. Edward Olds III, the former superintendent of Mount Morris Community Unit School District 261. Mount Morris, population 2,900, is located about 80 miles west of Chicago.

"It got to the point that we just couldn't continue to offer the kind of program we were offering without going broke," Olds explains.

That program included a solid curriculum of the core academic subjects required for admission by many colleges and universities. Robert Urish, a Mount Morris native who graduated from Yale University and served on the board at the time, said the board felt strongly about protecting the integrity of the academic program. "We felt the value of the diploma should not be diminished," he says.

For many years, Mount Morris boasted the wealthiest school district in the county. The schools reaped the benefits of personal property tax revenue generated by Kable Brothers Printing, which operated one of the largest printing plants in the world. But the district's financial health started to unravel in 1970, when the Illinois General Assembly repealed the personal property tax. Contributing to the district's financial woes was a change in the way farmland was assessed.

Inadequate state funding and an over-reliance on property taxes have produced huge disparities in the educational opportunities available to Illinois school children.

The difference between a child getting a mediocre or first-rate education can be as random as a zip code. In nearby Byron, the difference is a billion-dollar nuclear reactor.

The property taxes generated by the reactor allowed the Byron school district to spend $10,085 per pupil in

1990-91, while the Mount Morris district spent $3,483.

Do dollars make a difference? Without a doubt, says Olds, now superintendent of LaGrange School District 105. Per pupil spending in the LaGrange district is $8,252. That allows the district to provide exceptional learning opportunities in a number of areas, including the academic curriculum, computer technology and services for families, Olds says.

The Hinsdale Science Program is one example. The program provides hands-on experiments dealing with the environment, engineering, physics and biology.

"What it means to the students is that it builds an excitement for science. Science isn't something you just read in a book," Olds says.

To meet the challenge of keeping pace with computer technology, the LaGrange district recently accelerated its technology program, purchasing $190,000 worth of computers. Soon, every classroom will have at least one computer.

Attempts to reform education funding in Springfield thus far have been stymied. Gov. Jim Edgar's Spring 1996 attempt to amend the Illinois Constitution to increase the state's share of school funding was shot down by legislative leaders. But, the result of a recent Illinois Supreme Court challenge places the responsibility for school funding squarely back in the state legislature. At the same time, there appears to be growing agreement that the current system of school funding needs to be changed. A recent public opinion poll showed 77 percent of the respondents favor increasing the state's support for public schools. And, following the November 1996 election, education reform was once again being discussed by the leaders of the Illinois General Assembly.

In the meantime, Mount Morris and Oregon are in the third year of consolidation. Urish, who continues to serve on the combined school board, says the consolidation has worked out well, but cautions that education finance reform—not consolidation—is the answer.

Dr. Olds agrees. "Where children are born shouldn't determine their education," he says. "If one child loses an opportunity because he or she wasn't provided the basics of a good education, that's a terrible loss and that's not fair."

For more information, contact Dr. Edward Olds, III, superintendent of schools, LaGrange School District 105, 1001 S. Spring Ave., LaGrange, IL 60525, (708) 482-2700 or Robert Urish, former Mount Morris School Board member, 421 James St., Mount Morris, IL, 61054, (815) 734-4762.

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A conversation about education funding

Alan Hickrod is a professor emeritus in the Department of Education at Illinois State University.

Kids Count: What is the status of education and education funding in Illinois?

Alan Hickrod: There are really two issues. The biggest problem is school funding—we have a widening disparity in spending per-pupil. Some of our schools are funded very well, and others poorly. This isn't a new problem. We've had this problem since the beginning of this republic. Thomas Jefferson, as Governor of Virginia, attempted to fund schools on a commonwealth-wide system. But the House of Burgess wanted it funded on a town system. Jefferson knew that wouldn't work because the rich districts wouldn't use their local tax funds to pay for education in the poor districts.

They wouldn't do it in Virginia and they won't in Illinois.

The second issue is that we are seeing a greater dispersion of students—generally, the more talented children appear in the suburbs, and the less talented students in the rural and poor urban areas. It simply takes more money to educate students who struggle academically. This is not a cost-effective operation. You don't expect cost effectiveness out of a critical care ward in a hospital, and you wouldn't get it in a school, either. You never will.

KC: What if we don't address the education funding equity problem?

AH: We'll see a well-educated elite graduating from the more affluent schools, and a less well-educated underclass graduating from other schools. I don't think you can support a democracy on that basis. Many, many writers have commented on the close relationship between public schools and democracy. In the long run, education disparity would weaken the republic. If we are going to rely on our public schools to fill that important function then we have to have broad access, equal educational opportunity, and a level playing field. The government has a positive responsibility to do something about that inequality.

KC: What are the components of a quality public education system?

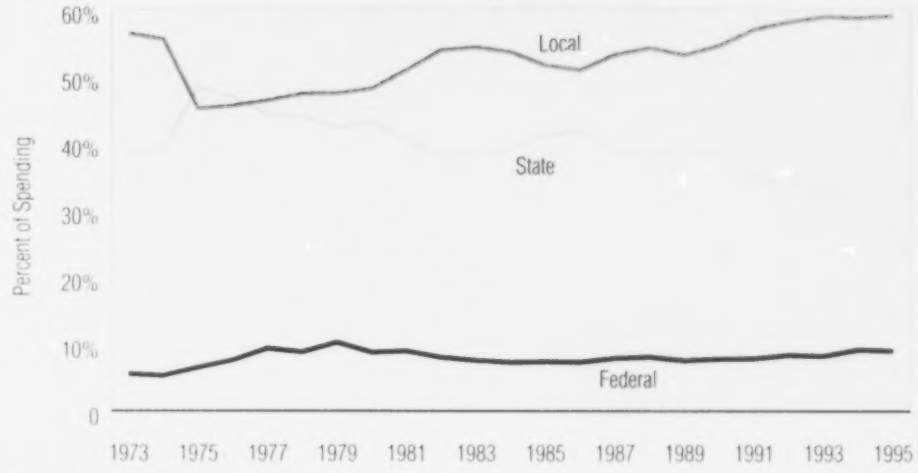
AH: One way to judge that is by looking at the components at high performing schools. If you look at the research, these schools have a broader and deeper curriculum, they have better prepared teachers, and they have more computer hardware. One of my concerns right now is with technology. Illinois has given money to the schools to get onto the Internet, but many schools do not have the ability to deal with this. They may get the wiring that gets it to their door, but schools vary tremendously in the number of computers, the amount of software, and qualified people to handle computers. Technology has the potential of narrowing some of the gaps in the quality of schools—particularly in rural areas, which have always suffered from an inability to access data banks and other information. But it needs to be done carefully.

KC: What is an adequate amount of funding per-pupil?

AH: The national average of up around $6,000 per child is pretty close to what you'd need for an "adequate" education. And about half of Illinois school districts are at that level—but we have a number of districts that are at half that level. I don't think that at $3,000 per-child per-year you can come close to an adequate education.

There also needs to be some additional funds for special needs children. Currently, the system provides some extra funding for special needs areas. The money gets generally to the areas where it is needed. But there is a problem. The more funding we put into categorical programs, the less we have available for other educational needs—that money doesn't go into the general purpose funding, which is the area where you try to level out the funding inequities.

Local, State and Federal Spending for Illinois Public Schools



Source: Illinois State Board of Education

KC: What are the differences in outcomes for children in high-spending and low-spending districts? Does the money make a difference?

AH: Some have argued that the money doesn't matter. I think that people in high-spending districts are very cognizant of what they are getting for their money. And if they really didn't think that spending three times as much as other districts mattered, they wouldn't be spending it. They believe it does. And so they spend more. We wouldn't have this variance if people believed that money didn't make a difference. But the variance is there.

Extra funding goes to fund things like educational support services—guidance counseling, educational psychology, library support. It doesn't necessarily go into the classroom. When you look across school districts, you'll find that they vary less on core curriculum. Even a poor district will try to administer a basic level of classes no matter how poor it is. The extra classes and support per-

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sonnel are simply missing in the poorer districts. And that does make a difference in terms of teaching kids.

KC: One thing we don't hear much about is school facilities. How are Illinois schools doing?

AH: This is a significant feature of our educational system. In Arizona an entire constitutional challenge was carried on the basis of inequitable school facilities and capital expenditures. We have a sleeping bomb here in Illinois. I am seriously concerned that one of these days we are going to have a major catastrophe in one of our schools. We've got schools that go back into the previous century. Even though they may have been kept up to date on life safety codes, we could still have some potential disasters waiting to happen. While this clearly impacts a student's ability to learn, I am concerned simply about physical safety.

KC: What is the role of government and business in addressing these issues?

AH: Government has a clear role in improving school equity. The role of the state government is to even out some of the differences we have been talking about. Local funds are inherently unequal and the state needs to step in and provide equal educational opportunities, which they have been doing since the 1920s. But the problem is that we don't put enough money in at the state level. And so the local government has had to increase its share.

The federal government has a role, too. Since the 1960s, it's been a role of targeting funds to children at-risk. Head Start and Title I have done a fairly decent job in targeting funds to at-risk students. It's interesting because the federal government got involved in education when people couldn't tell one end of a rifle from another. They were involved because it was a national security issue.

Business has an important role, too—mainly in the classroom-to-work area. That transition can really only be made in cooperation with business, because they provide most of the jobs.

Kids Count Fact

Eighty-nine percent of Illinois schools reported a need to upgrade or repair on-site buildings to a good overall condition.

"The national average of up around $6,000 per child is pretty close to what you'd need for an 'adequate' education."

KC: What is happening in other states?

AH: There has been a lot of activity in school funding over the years. Generally speaking, states shift from a reliance on local sources of funds to more state-level sources of funds. That is precisely what Illinois needs to do.

It's interesting because some states have just taken on finance reform, but a number of states have also addressed school reforms. But you can't reform when you don't have much money. In a poor district the school budget is tightly controlled—you don't have extra funds, you don't have wiggle room. Wealthy districts, because they have access to additional revenues are in a better position to reform. Kentucky took on both, and found that it takes money to do classroom and curriculum reforms.

KC: In your opinion, what are the key areas to address in respect to our schools and public education?

AH: There are many issues, but two come to the forefront of any discussion:

One, the state needs to fix educational equity—it threatens the republic in the long run, and must be addressed.

Two, investing in technology as long as it's equitable. If done right it can open up doors that weren't there before.

Provide Quality Health Care

Comprehensive care builds stronger families

by Angela Mitchell

In Chicago's Lawndale neighborhood, hope is a health center. Driving along Ogden Avenue, a few miles west of the city's thriving downtown area, businesses and schools soon give way to trash-strewn lots, fire-scarred buildings and rusted hulks of cars. But as you keep driving, you will come upon a complex of freshly painted green and white buildings. These buildings, the largest of which houses the Lawndale Christian Health Center, are the heart and soul of Lawndale, and those who work in

them are bringing hope and healing to the residents of this impoverished community.

In 1984, a group of Lawndale residents, led by Dr. Art Jones, LCHC's founding executive director, created a healthcare agenda for Lawndale. At the top of that agenda was the health of the community's children.

Since then, LCHC's Board and staff have developed a remarkable relationship with the residents of Lawndale. LCHC is so respected that none of its white buildings—easy targets for graffiti—ever have been defaced. Felicia Logan, an immunization outreach worker for LCHC, thinks she knows why. "The people of Lawndale have a bond with us," she says, "because many of the people who work here are part of the community." Like the majority of the staff, Logan grew up in Lawndale, and feels she and other staff really understand the problems facing their patients because their patients are their neighbors.

The Lawndale neighborhood, which is divided into predominantly African-American North Lawndale and mostly Hispanic South Lawndale, once was a thriving community of working-class residents. The bottom dropped out of the Lawndale economy when two commercial and industrial anchors, International Harvester and Sears, shut their doors in the 1970s and 1980s. Today, most Lawndale residents live at or near poverty level. With poverty comes poor health, and over the past 20 years Lawndale has been home to some of the most dismal health statistics in the city.

To improve the health of Lawndale residents, a great number of challenges had to be met. One was that many neighborhood residents were too overwhelmed with the problems of daily living to focus on preventive health care. Like many poor people, they usually sought medical services only when they were acutely ill. Getting the community to think "prevention" has been a major challenge, but motivated by faith and hope, the LCHC staff has come up with innovative ways to make sure that more of Lawndale's residents, especially its children, are healthy.

Ensuring that pregnant women receive prenatal care was among LCHC's first priorities. Close to 10 percent of the pregnant women in the community—especially teens—didn't receive any prenatal care until their third trimester of pregnancy. This contributed to the area's high infant-mortality rates and a high rate of low and very low birth-weight babies. To address this problem, LCHC initiated the Maternal Incentive Program, which provides classes on nutrition and self-care during pregnancy, as well

as parent education. The program uses incentives such as coupons for baby products to encourage mothers-to-be to enroll and stay in the program.

The Lawndale Healthy Start program also has helped women get the prenatal care they need. Healthy Start trains women in the community as health promoters, and identifies pregnant women who have not started prenatal care or women with preschool-aged children who are behind on well-child visits or immunizations. Through home visits and street outreach, these community health programs help women find the health care they and their children need. The outreach is paying off: Today, 62 percent of Lawndale's pregnant Public Aid recipients initiate prenatal care in the first trimester of pregnancy.

Improving the health of Lawndale's children also means getting them immunized and making sure they receive all of their well-child visits. With some of the lowest preschool immunization rates in Chicago, LCHC set out to immunize as many of Lawndale's children as possible. Staff listened to the concerns of parents in the neighborhood, and learned that having to sit for hours in the waiting room was a major deterrent for many. In turn, LCHC started the Fast Track program with a grant from the Chicago-based Joyce Foundation. Fast Track gives parents the option of bringing their children in for immunizations and well-child visits without an appointment. Walk-in hours are scheduled Monday through Friday from 8 a.m. to 11 a.m. A Fast Track nurse documents the child's medical history, educates the parents about immunizations, and administers any needed vaccinations while the Fast Track pediatrician conducts a physical exam and assesses the child's growth and development. By linking immunizations with well-child visits, the Fast Track program ensures that neither of these essential components of child health care comes at the expense of the other.

Even with Fast Track in place, however, some parents still cannot make it in to have their children immunized. This is where Felicia Logan and her fellow immunization outreach workers come in. Logan goes to Lawndale's elementary schools and even visits homes to immunize children.

LCHC has devised innovative ways to reach children who are not yet in school, but who are far behind on the vaccinations. Many Lawndale residents do not have telephones, and they may move frequently. As a result, the traditional methods of calling and sending postcards with immunization reminders often do not work. So Logan and the other outreach workers go door-to-door to deliver a reminder, and if a nurse comes along, the child might be immunized on the spot. Logan believes Lawndale's parents, like all parents, want the best for their children, but says "a lot of parents don't know a lot about immunizations." Armed with pamphlets, stickers and videos, Logan also goes to churches, community centers and schools to help parents learn what they need to know.

LCHC's holistic approach to health means that in addition to caring for their physical health, staff also focus on the educational, emotional and spiritual development of Lawndale's children. That means that Dr. Jerry Umanos, one of LCHC's pediatricians, also educates parents about lead poisoning, asthma, accident prevention, speech encouragement, the importance of playing with children and other parenting issues. One of his favorite projects is the Preschool Literacy Program, which encourages parents to read to their children by giving each child a free book with every well-child visit. In 1996, LCHC expanded its facilities to include a newly remodeled dental and eye clinic. Now patients, including children, can get these services in a state-of-the-art facility across the street from the main LCHC building.

The holistic approach means that Lawndale Christian Church, Lawndale Christian Development Corporation and LCHC collaborate to provide social services and educational programs for the community. The Lawndale Christian Learning Center gives neighborhood children a place to go after school where they can play in the gym, learn computer skills and get help with their homework. The Young Entrepreneurs Program teaches children how to run their own business, and the Umoja Program ("unity" in Swahili) introduces children to other cultures by taking them on working field trips to other countries. Last year, Umoja Program participants traveled to Mexico, where they helped to build homes. The College Opportunity Program helps prepare students for college, and also grants scholarships.

For more information, contact Barbara Woodlow, director of clinical services, or Felicia Logan, immunization outreach worker, Lawndale Christian Health Center, 3860 W. Ogden Ave., Chicago, IL 60623, (773) 521-5006.

A conversation about health insurance

Samuel Flint is an associate executive director of the American Academy of Pediatrics.

Kids Count: What is the health insurance status of Illinois children?

Samuel Flint: First of all, a number of studies show a direct relationship between better outcomes for babies of women who have health insurance. But let me paint the picture here. We know that in 1991, there were about 420,000 uninsured children in Illinois, from birth through age 21. In 1993, there were roughly 471,000 uninsured children—that is an increase of 50,000 kids in just two years. In Illinois today, one out of every seven children doesn't have health insurance—no private health insurance, no Medicaid, no insurance whatsoever.

Another problem is the "erosion" of private health insurance. The proportion of children covered by private health insurance is somewhat higher in Illinois than it is in the rest of the country—it's 66 percent in Illinois compared to 62 percent nationally. While Illinois is doing better than the national average right now, we too are seeing a trend toward less employer-sponsored health insurance.

About one-quarter of uninsured children have parents who have health insurance. That's because employers are dropping family health insurance or making it more expensive by paying a smaller share of the cost. And you can't blame parents who are in low-income, entry-level jobs—often in small companies—where private health insurance for dependent coverage can run $80, $90 a month. They have to choose what's best for themselves and their family. Maybe paying for rent, paying for food, having money on reserve to keep the car running to get to the job—maybe any of these must be higher priorities. So we're not talking about irresponsible parents. We're talking about a frayed private sector safety net for kids and other dependents.

KC: How expensive would it be to provide comprehensive health care for children?

SF: An American Academy of Pediatrics study—using 1996 data—examined the cost to provide private health insurance for employers in mid-size to large firms, companies with 500 or more employees. The health insurance package in the study covers all preventive care—immunizations, tests, physician visits, etc.—and the cost is less than $100 per year, just $8 per month. Eight bucks a month to immunize kids against polio, give mothers information to prevent injuries at home, provide an opportunity for a pediatrician to talk with a pre-adolescent about the risks of drugs and high-speed driving.

Look at the type of medical problems experienced by teens and young people—many of these are preventable. I received some data a while ago which showed that for every $1 spent on preventive care in the health care system, $32 was spent on curative care. "Prevention" isn't only limited to children, it's valuable throughout the life span—but, it's particularly valuable for children and as a social investment if we want healthy workers, healthy citizens, kids who can learn in school. Our investment in human capital is critical. And it costs only pennies a day.

KC: Then why don't more employers provide health insurance for children?

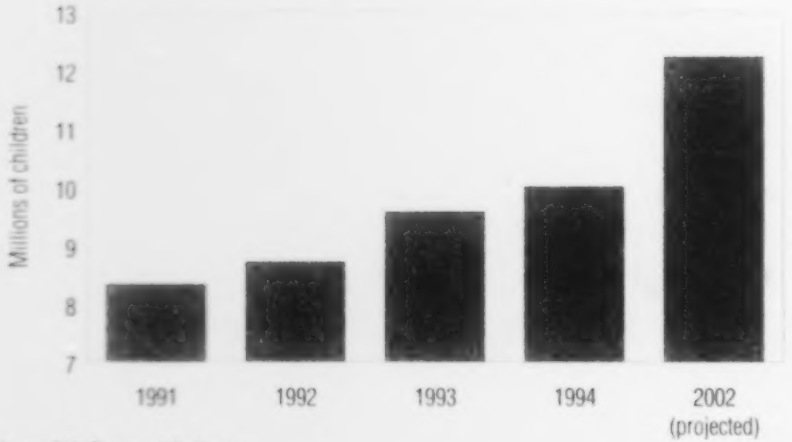
SF: Employers are not anti-child. Employers recognize, especially the larger ones, that they should do their fair share to invest in the future because they want to be good citizens and because it's in their corporate self-interest. However, there is a tradition in health insurance to indemnify—to pay for—high-cost, unplanned events. Health insurance grew out of the tradition of fire, flood and hurricane insurance. Preventive care is predictable and, therefore, not in the "emergency" tradition. And preventive care is low cost. It's perceived as a manageable expense. One of the things about managed care that shows promise is you have to move the notion away from risk management for financial issues to managing care for populations—which means spending more on preventive care because you're trying to manage the care for a population.

KC: Do you see any progress being made in terms of health care reform?

SF: There are some positive things occurring. At the national level, the enactment of the Kassebaum-Kennedy bill, which requires that health insurance be made available to families with disabled children is a critical first step. It doesn't do much about affordability—if you lose your job, you may be unable to pay for family health insurance. And we're not sure what the regulations will look like. The devil could be in the details.

We've also had laws passed in over two dozen states—and now on the federal level—requiring that health insurance allow newborns to stay in the hospital for 48 hours. Although not in the federal legislation, the state law also requires coverage of a follow-up visit if the baby is discharged before 48 hours. Illinois was one of the first states to require minimum standards for newborn insurance, and because it happened in so many states, it emboldened federal legislators to act at the national level. Illinois should be proud of itself. Not only did it help its own people, it was in the vanguard of a national movement.

U.S. Children Without Health Insurance



Source: U. S. Bureau of the Census.

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"...for every $1 spent on preventive care in the health care system, $32 was spent on curative cure."

KC: Should we continue to push for health reforms on the state level?

SF: Absolutely. It may not happen on the federal level. And, more importantly, you can't wait for someone else to do this. These are our kids. This is our future. Remember: The kids who didn't get health insurance while the nation debated this in 1993 are now 3 years old. Two years from now, they start school. Will they be ready for school? That's why we can't wait.

We also need to look at encouraging business to provide family health insurance. The way it works right now is that highly profitable corporations get to write off dependent coverage as a business expense on their federal and state taxes. But if your company is only making a little money, that write-off is worth little or nothing. If you have a tax credit instead of a write-off, the tax system provides greater incentives to keep kids covered. Spend it that way and you don't have to spend it through Medicaid, through burdening hospitals or through any of the other ways uninsured people do receive health care.

KC: What are the top ways you would reform our current way of financing and delivering health care to ensure good child health?

Five things come to mind:

One, I would establish health care as a child's right—not a privilege. Children have a right to a lawyer, they ought to have a right to health care. Period!

Two, I would work to eliminate the historical bias in health insurance against preventive care. One way to do this is through the enactment on the state level of CHIRP, the Child Health Insurance Reform Plan, which would require private insurance plans to cover preventive health care benefits for children. This would improve coverage for working families without burdening taxpayers.

Three, I would make the health care work force as culturally diverse as the communities they serve. Providing health insurance is critical, but providing insurance alone won't solve all of the problems of access to health care.

Kids Count Fact

A recent GAO study of uninsured pregnant women and women receiving Medicaid found that 63 percent received insufficient prenatal care.

Four, I would continue reforming private health insurance at the state and federal levels to emphasize the management of care rather than the management of risk through "cherry picking"—the practice of only covering low-cost populations.

Five, I would improve tax benefits—particularly tax credits—for all employers who offer dependent coverage, especially small employers.

Work in Collaboration

Learning to work together is hard, but brings payoffs

by Patrick Barry

The first clue that the City of Freeport has a strong economy is the full parking lot at the tire factory outside town. Continue into the old city and more job centers appear: insurance companies, a five-plant electronic controls firm, the headquarters and factory of a window hardware company, a hospital and college. There are so many jobs in this city of 30,000, in fact, that it is an employment hub for its northwest Illinois region.

Does that mean Freeport doesn't face the social pres-

e Challenge:
Collaboratio

sures of other communities? Of course not. Homelessness, drug use, juvenile crime, inadequate education: Freeport struggles with them all. The job base helps, but the city's more powerful tool—and perhaps the key to its economic vitality—was built over 40 years. Community members have figured out how to work together.

Knowing how doesn't mean easy. Sit down with a cross-section of Freeport's collaborators and hard words spill out. They mention hurt feelings, turf battles, egos, budget envy, lack of inclusion, winners and losers. Yet, they are so excited about accomplishments and current projects that sometimes four people speak at once. When you probe about mistakes made and battles lost, they choose words carefully so as not to fix blame or alienate a future partner. "Sometimes we don't know how something is going to work out, but we don't let those things hang us up," says Alan Wenzel, a teacher at Highland Community College who has facilitated various efforts. "You grab the hand next to you and jump off the cliff together."

This discussion takes place in the new $2.7-million King Community Center, the result of an effort called Project Collaboration. Upstairs are a child-care center and a Head Start program. Down the hall are a gym and activity rooms of the Boys and Girls Club. More than 500 children push through the doors each week because the adults of their community knew how to make things happen.

Across town is the Jones-Farrar Early Learning Center, the fruit of a collaboration that brought together a pre-kindergarten, all city kindergartens and a child-care center. There is a community health clinic for the uninsured, created through years of collaborative effort, an early childhood consortium that promotes communication among 30 programs, a five-agency homelessness initiative, and at Highland Community College, a computer server that will link 10 agencies into a "common-intake" system so that families can access human services from a single point of entry.

So what does it take? Tradition, for one. The community started learning back in the 1950s when the United Way's predecessor began building links among agencies. In the 1970s, the YMCA forged an unprecedented agreement to share space at the community college. Later, the art museum and senior center jointly took over an obsolete school building and shared it with a dance school and pregnant-teen program.

A second component: leadership. It came early from both business and civic leaders and today is a broad stream that includes senior citizens, a dozen business executives, Mayor Dick Weis, sixth-grade students who served on a safe-community coalition and more than 100 residents who have graduated from a local leadership institute.

Tracy Johnson, who ran the Boys and Girls Club when it was in a deteriorated 1949 Quonset hut, recounts how the King Center plan was hatched by executive Ray Al-

varez of Micro Switch, Dan Heine of Today's Bank, and Rev. Charles Collins of Martin Luther King Jr. Community Services of Illinois, which ran the club. "About five years ago we were in Ray's backyard drinking pop and talking about our space needs, and Dan lived right behind Ray, so they talked over the fence about pulling some ideas together."

That led to component three: meetings. To build the King Center, residents met for years, early on in large groups as many agencies sought space, and after winnowing the players, in smaller teams. The three chosen agencies worked with an architect and a retired business leader to hammer out their needs and design the facility. A fundraising team sought corporate donations, large private gifts and the scores of small contributions that made the budget work. "It quickly got away from just building a building to more global stuff about programs for kids in the community," remembers Wenzel. These spinoff ideas led to more meetings, new collaborations.

Component four: facilitators. Freeport has a wealth of them, both the officially designated "impartial parties" who shepherd projects along, plus others, like local alderwoman and mother Pat Leitzen-Eye, who informally work the meetings to ensure that quiet voices are heard.

"You need a high tolerance for meetings that seem sometimes to be going nowhere," comments Sheila Hooper, the township supervisor and a long-time collaborator. "You have to keep at it, creating catalysts here and there until a new player comes along or some new resource makes things work."

Component five: "You need money, and this community is very generous," notes Sandy Feaver, an adult education specialist who has cobbled together resources for the common-intake system. "It would be easy to say we can't do it because we don't have the money, but that's a copout."

Last: The will to begin. "Just start," says Geraldine Regez, executive director of United Way of Northwest Illinois. "Bring all the players together and tell them to leave their egos at the door." Adds Hooper: "Each success lays the foundation for the next, because if you do what once seemed impossible then you can do it again."

What does all this mean for children? Head Start coordinator Pat Drapac tells of a child who can't control her bladder because of a medical condition. "When we moved into this facility her self-esteem just shot up, because there's a bathroom right in the room instead of having to go down the hall with a teacher. She can do it herself. For children in general, this whole center is just beautiful. It's colorful, clean, bright. I don't know how you measure that, but it makes an enormous difference."

For more information, contact Tracy Johnson, executive director, Martin Luther King, Jr. Community Services of Illinois, P.O. Box 913, Freeport, IL 61032, (815) 233-9915 or Pat Leitzen-Eye, Christopher Eye and Associates, 214 Harlem Ave., Freeport, IL 61032, (815) 233-2215.

A conversation about community building

Martin B. Tracy is director and professor of the School of Social Work at Southern Illinois University at Carbondale.

Kids Count: What is the status of our communities?

Martin Tracy: When I talk to people from around the country, people looking at rural and urban areas, the major concern is the fear that communities are losing their cohesiveness—their ability to partner and work together. Often we hear that the problems that are developing are "social" problems and we will have to find "social work" solutions. Really, they are community problems. We have to look at the economic, cultural, and educational issues. In order to do that we have to be connected to the business, education, and the volunteer community. But, the system is very segmented and categorized: a specified service for a specified need. We've got

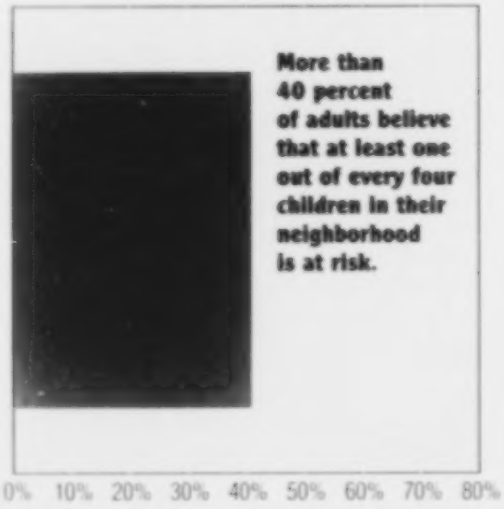
ten away from looking at communities as a whole. We recognized this probably 20 years ago. But we have not been very successful in shifting to a more holistic approach.

In France, when parents have a child they are given a support payment—all families are eligible for this. But to receive this benefit, the parent has to take the child to a health care facility. The linkage between cash assistance and health care means that the family not only has access to basics like shelter and food, but gets connected to the health system. And this gives them an opportunity to be referred to other services if they need them. It becomes a community-based solution—done at the community level, by people who live in the community. It is a single entry to a comprehensive system of security.

KC: Do you see examples of this here in the U.S. or communities around Illinois?

MT: There are some efforts that come to mind. At the national level, the Annie E. Casey Foundation and the Kellogg Foundation are promoting more coordinated, comprehensive service delivery

Children at Risk



Source: Chicago Community Trust Poll conducted by Peter D. Hart and Assoc. and Public Opinion Strategies, 1996

systems. In Iowa, there is something called the Patch Project, the goal of which is to mobilize a family's and community's own resources through support of informal helping networks, government, private and voluntary activity. It brings together the strengths of communities, and brings down some of the artificial barriers between services, business and volunteers. Here in Illinois there a number of examples, including FoCUS in southern Illinois (part of the Governor's Task Force on Human Services Reform). I am very encouraged by these efforts, but it takes a long time to build community capacity. People have to approach things differently than they have in the past and it can be very hard to get people to change. In many ways Illinois is out in front on this movement. Illinois has been developing a collaborative spirit. That bodes well for the future.

KC: What are some of the components of a supportive community?

MT: The primary feature is to try to get the community to recognize social concerns and social issues as being everybody's problem, and that it is to everybody's advantage to address them. Simplistically, even if you don't have a child you should support the education system because it is going to benefit you—a child who grows up to be a good citizen is a child who doesn't grow up to be criminal. Whether you have children or not, it is in your interest to have a strong community. Problems exist at multiple levels, and that means that you are going to need multiple levels of intervention. You can't just rely on the social services system, can't just rely on education, or the medical system. Everyone has a role to play. In short, everyone needs to be a Public Citizen.

John Dewey, in his writing in the early 1920s, addressed the same issues. How do you create a strong democracy, strong educational system, strong communities? It's this notion of public citizenship. We need to get back to focusing on that. Communities do not prosper on their own. We have to take ownership of the problems, and take ownership of the solutions.

KC: What kinds of institutions need to be in place in a community and how do we get them to work together?

MT: There are standard components that need to be in place in any community, rich or poor: a strong educational system, a good religious component, a strong service sector, a good town management, a good professional community, and structures that are going to encourage volunteer opportunities. There needs to be opportunities for residents to interact. This all has to be there for people to be able to break down barriers and get to know each other.

The Annie E. Casey New Futures Initiative in Savannah, Ga., took about five years to get off the ground. They brought some of the players to the table with the goal of reducing the number of male, black teen dropouts. While that was their specific target they were also going about community building. After the first couple of years they realized that they had not included the community in planning. This was a barrier to success. In order to get a community to have ownership, community members also have to be involved in the planning; they have to be vested in it. They have to feel like they have something to win or lose. This isn't easy to do. But it can be done.

KC: If we are able to build supportive communities, what kinds of outcomes can we expect to see?

MT: We should look for measurable outcomes—high graduation rates, a decrease in the number of people who need public assistance, more elderly being able to live independently, fewer out-of-wedlock births, a decline in the incidence of premature babies, all the standard measures. The harder measures are those of process. We'd want to see some tangible measure of collaboration and part-

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nering. You'd want to se changes in the relationship between school and businesses, education and social service providers, students and social services, and organizational changes. Are we doing business as usual or has the way of doing business actually changed?

And this is beginning to happen; we are seeing some changes. The problem is how to sustain the effort over the long run. For this we need systemic change. The demonstration projects are operating in a system that is out of their control. These efforts will only be successful if there are similar efforts and structures in other areas. If it is out there by itself, no, we won't se an impact—if there isn't systemic changes we won't se any great movement.

KC: Some argue that we just need to get tougher on children, families and communities.

MT: Well, that's like closing the barn door after the horses have already gotten out. Clearly, if we have gotten to that point, we have failed. And we still have to do something about those individuals even at that point. Certainly, we have to have some way to ensure that society is safe for the rest of us. You've got to deal with incarceration and rehabilitation, but you certainly do not want to forget prevention. If we had focused more on prevention, we wouldn't have to focus our resources so much on later on down the line. That's the lesson we haven't learned well in this country. Prevention is the way we need to approach this problem.

Kids Count Fact

A 1990 Harris Poll of 400 students and 400 mentors found that, nationally, 87 percent of the mentored students benefited with higher grades, lower drug use and improved relationships with teachers, families and people of other races.

"You can't just rely on the social services system, can't just rely on education, or the medical system. Everyone has a role to play. In short, everyone needs to be a Public Citizen."

KC: What is the role of government and public policy in building supportive communities?

MT: Government does have a role. It's difficult to find a proper balance of government and communities, families and individuals. We need to find a balance that is socially and culturally acceptable. This will probably vary by community, and is changing all the time. We are seeing a shift right now—from federal government to state government in terms of decision making. And that could work out well. But we have to look carefully at what our needs are and what role the government can and should play.

Block granting and human service organization will be a challenge to make sure that there is fair and equitable distribution of resources. These funds should not be given in a way that simply provides benefits, but they should also help communities develop capacity. In general, I have some good feelings about how things could work out. There will need to be leadership in the new super agency (the consolidated Illinois Department of Human Services) to funnel the funds to where they will do the most good.

KC: Can community building happen without government?

MT: Yes. It would be harder, but may be possible in some communities. In some communities, though, it would not work without some outside assistance. The communities that need the most assistance are areas that are economically depressed or have seen the greatest signs of community disintegration. These communities may need government support to get things going.

KC: What are the key components of any community?

MT: There are basics to the creation of any safe, secure community—small or large. They are very fundamental concepts that we have gotten away from. We need to reemphasize them.

One, public citizenship is essential. People need to be aware of their role as citizen. There needs to be ownership of the problem and the solution.

Two, good communication. Communication should be the foundation for networking and collaboration and interaction.

Three, decategorization. We need to decategorize problems and to look at them from a holistic perspective.

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Promote Family Economic Security

A 'win-win' partnership seeks to help families, protect the bottom line

by Mike Roach

Nancy Guarascio has a problem. As the director of human resources at Cherry Electrical Products, an electronic components manufacturer in Waukegan, Guarascio struggles to find and keep workers in her company's entry-level manufacturing positions.

"We call it voluntary resignation," Guarascio jokes. "Day-in and day-out, people show up for work—then one day, they're gone. No phone call, no excuse, no nothing.

This and tardiness are our two biggest problems."

The numbers illustrate Nancy's dilemma. In fiscal year 1996, Cherry Electric faced a 25 percent overall turnover rate. More than 98 percent of that occurred in manufacturing, where Cherry Electric makes more than $425 million worth of semiconductors, keyboards and other electronic parts each year. These components keep products from motorcycles and cars to dishwashers and computers working.

"That's why our 'voluntary resignation' situation is such a problem," Guarascio explains. "Our customers count on us. To keep Harley-Davidson, Maytag and Chrysler and others up and running—and more importantly happy—we have to produce the best products and that takes dedicated people at every level of our organization. Every job is key for us. It's that simple."

Cherry Electric Chairman and President Peter Cherry might have quietly and unintentionally solved Guarascio's problem.

After sitting in on a few local human services reform meetings, Cherry not only volunteered to provide 25 parents enrolled in a new pilot welfare-to-work program entry-level jobs, he went a step further and pledged to provide those families with a liaison at Cherry Electric to troubleshoot problems and keep workers on the job.

"He got involved because it was a good thing for us to do as a company to help the community," Guarascio says. "But I'm convinced this idea will go a long way to solving our voluntary resignation problem."

Helping welfare recipients move toward self-sufficiency is the cornerstone of the Waukegan Community Federation, the group partnering with Cherry Electric to locate and prepare the 25 families for the working world. The Federation, one of five community-based efforts created by the Governor's Task Force on Human Services Reform, has a simple agenda for bridging folks from welfare to work.

"Prepare people who want and need work for jobs that companies need to fill," says Tom Sullivan, the executive director of the Waukegan Federation.

The difficulty, Sullivan explains, is in the details.

"For some, welfare becomes a multi-year, multi-generational thing," he says. "It becomes a lifestyle instead of a transition. You have to realize these people don't necessarily understand how the working world works. They never

saw their parents go off to work and they never learned what to do if they or a child got sick or if they had to appear in court on a work day."

Along with being unfamiliar with the world of work, Sullivan explains, many welfare recipients lack the basic skills or educational background to walk into a Cherry Electric or any other job and be able to perform the tasks associated with a position.

In the last six months, the federation has identified the 25 families and began the difficult work of training them for work.

"This isn't an overnight process," Sullivan explains. "To be successful, it takes time, patience and resources."

Funded with a $2.5 million grant from the Annie E. Casey Foundation in 1993, Governor Jim Edgar set up the task force, which is working with Waukegan and four other communities, to tackle this and other challenges presented by human services reform.

"Everything we're doing has to be results driven," Sullivan explains. "We have about 325,000 welfare recipients who need to find work here in Illinois, but I am convinced and the statistics back me up that once these folks are trained and find companies like Cherry Electric willing to go the extra step, they'll find work and they'll stay."

Guarascio doesn't need research, surveys or statistics to know family-friendly employer policies work.

"I'm living proof," she explains. "I started out here in a clerical position and worked my way up. Gloria [Jordan, Cherry Electric's manager of employee relations and the newly appointed liaison for the 25 families] started out working the line during our graveyard shift."

Cherry Electric, which stresses promotion from within their organization, provided both Guarascio and Jordan with countless training seminars, skills-building sessions and self-betterment opportunities. Both are seeking master's degrees and Cherry Electric is picking up the tab through the company's tuition reimbursement program.

"We are both living, breathing proof that if you're willing to work hard and show up everyday for work, you can go a long way," Jordan agrees.

Sullivan, though, stresses that being willing to work hard and showing up aren't always the only issues.

"Both Nancy and Gloria probably had a manger or a coworker or friend that inspired them and pushed them on. We all have," he explains. "These kinds of safety nets—whether formal or ones we don't even recognize—are vital for all workers and, in particularly those coming off welfare to succeed."

Guarascio is confident Cherry Electric can play a role in helping the 25 workers.

"These families will be like all other Cherry Electric employees. We'll expect great things from them, but they'll also be able to tap into our many employee benefits," she says. "At Cherry Electric, we realize workers need more than just a work schedule and a paycheck to become dedicated employees."

Along with tuition reimbursement, Cherry Electric offers all employees discounted child-care services across the street from their facility, English as a second language courses, GED classes and other benefits.

"But just as important, we offer people an opportunity to succeed," Jordan says. "As a working mom, I started here working the midnight shift in manufacturing. I admit it wasn't glamorous work, but after a while, someone pulled me aside and asked if I'd like to help out in the human resources office. I tried it and now I love it."

Guarascio is quick to add when workers succeed, everyone wins.

"Our work with the Federation is a win-win for all involved," she says. "For us, it will go a long way to solving our voluntary retirement problem. But it will also offer 25 families a place to work where they're valued and made to feel important.

"It's amazing what a job can do for someone's outlook on life," Guarascio concludes. "And it's even more amazing what earning a promotion can do."

For more information, contact Gloria Jordan, employee relations manager, Cherry Electrical Products, 3600 Sunset Ave., Waukegan, IL, 60087, (847) 662-9200 or Tom Sullivan, executive director, Waukegan Community Federation, 2740 Grand Ave., Waukegan, IL 60085, (847) 625-0661.

A conversation about self-sufficiency

Rebecca M. Blank is a professor of economics at Northwestern University, and director of the Northwestern/University of Chicago Joint Center for Poverty Research.

Kids Count: What is the current economic condition of families?

Rebecca Blank: Well, it's really about two things. First, it's about declining wages for many workers, especially families. Since the late 1970s we have seen an increase in the inequities between less skilled and more skilled workers. Between 1979 and 1993, male high school drop-outs have seen a 22 percent decline in real wages—or purchasing power. In contrast, men and women with a college or post-college degree, especially women, are doing much better than in 1979. For low-skilled women, the wage opportunities available today are similar to those their mothers faced; however,

for low-skilled men, the wage opportunities are substantially worse than those of their fathers. In short, for low-skill women things are as bad as they always were; for low-skilled men things are worse. Second, it's about changing family structure. Not only are we finding more women working, which affects family needs and family arrangements, but we are also seeing a rise in single-parent families. In general, since single-parent families tend to be poorer, the overall economic conditions of families tends to be worse than 20 years ago.

KC: What is the status of the job market?

RB: In order to talk about the status of the job market, we first must talk about preparing workers for jobs. Far too many workers aren't being trained for the jobs of today nor tomorrow. Nationally, 15 percent of all people age 22 have not completed high school and probably won't. In urban high schools the numbers can get as high as 70 percent. These people have 40-50 years in the work force ahead of them, and given what we know about the decline in wage opportunities for low-skilled workers, their job prospects are very poor. Due mostly to changing technology, the longer term prospects for low-skill decent jobs is bleak. And it's not going to get any better. These days, jobs that pay a decent wage and show any opportunity for growth often demand post-high school training.

KC: So, what are the components of self-sufficiency for families?

RB: We can and should be doing more to help people move into decent jobs. We know how to run job training programs that move people into work and help them earn more. Yet, we aren't acting on this knowledge. My biggest problem with the push to self sufficiency is that we are not being realistic about what it takes to be self sufficient. Many people on public aid are not going to get jobs that can move them to the poverty line, let alone above the poverty line. Believing that families will get a job, move off assistance and completely support themselves within a given time limit is unrealistic.

What we should be talking about is a package of assistance that allows people to work. A package that includes the Earned Income Tax Credit, medical benefits, child care, and child support payments. For some people, on-going income subsidies of this sort will be necessary to supplement their work efforts if their jobs don't bring them above poverty. Our willingness to provide this support boils down to fundamental justice and moral issues: What is our social responsibility to others? What should government's responsibility be to its people?

KC: Public opinion often has answered the moral question by saying a government's responsibility isn't to promote out-of-wedlock births or to promote dependency. Is there any research that gives credence to the argument that public support of low-income families creates dependency and/or promotes out-of-wedlock births?

RB: As a researcher, I have never seen any credible evidence. I don't buy that argument.

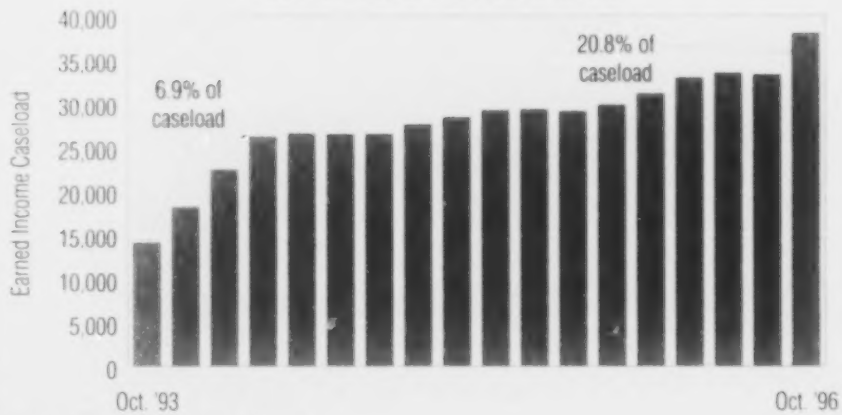
KC: Will the new federal welfare legislation move families to self-sufficiency?

RB: In terms of real reform, the only real benefit of this new legislation is that it gives the states the ability to do child support right. However, for everything else, I believe things will only get worse. It will be a real challenge to move families into work. I don't believe any state has more than 20 percent of its AFDC population in welfare-to-work programs currently. The new policy mandates that 50 percent of the AFDC population be working by 2002. I just don't think states have the ability to do that—especially for people with multiple disadvantages.

In looking at the long-term impacts of this legislation, the conservatives are right—there will be more people working, more teens living at home, more people getting married and fewer out-of-wedlock births. But there will also be more domestic abuse and violence, more homelessness, more families facing unemployment and serious economic problems that may splinter families and force more kids into living with family fragments or into the foster care system.

If you are asking me how this will all "net" out, I think it is an incredibly risky experiment to run and I, for one, would not be willing to accept the cost. Even if you told me that only 20 percent of the AFDC population would bear the cost and the other 80 per-

AFDC Caseload with Earned Income
October 1993—October 1996



Source: Illinois Department of Public Aid

"Our willingness to provide this support boils down to fundamental justice and moral issues: What is our social responsibility to others? What should government's responsibility be to its people?"

cent would be slightly better off—I would still have a problem with it. However, we are going to run the experiment anyway, and we will see what happens.

KC: Now that it is up to the states to move families from welfare to work, what should be the roles of government, community and business groups?

RB: On one hand we complain about government intervention, but on the other hand we want them to do it all. We spend lots of time looking for a "magic bullet" government program to fix problems. Instead, we should develop a package where government plays only a small part. Government can, on the margin, make a difference in promoting programs to help people. But what it does best is writing checks, not running complicated programs with major administrative detail. Government should be linking with business and community groups. While there can be lots of problems with relying on business to move families from welfare to work, used in the right way, businesses can have an impact on ensuring self sufficiency. One way to do this is through public-private ventures where government sets the standards, outcomes and oversight, but contracts out to private business for the administrative detail—as community groups can work to change opportunities and behaviors in local neighborhoods. Government alone will never be able to create large changes in behavior. Its role comes in tying behavior to institutional reforms and helping to facilitate—through funding and legislation—community projects that send the right messages to kids and provide opportunities to model good behavior. This is the way we ought to be thinking about running programs for families.

KC: In your opinion, what are the interventions/policies necessary to help families to become more self sufficient?

There are six things I'd note:

One, reform our urban schools. If we want to target who is likely to be poor, we must begin by improving our schools. We need to get the message to kids when they are 8, 6 and 7 that learning is exciting and education is important. We need to have schools, parents and communities pressing this message.

Two, improve job training and education. Create more serious welfare to work programs. It won't save us money in the short run, but has proven to have long-term impacts.

Three, provide on-going income supplements, such as food stamps and tax credits, and maintain or even expand for some groups the Earned Income Tax Credit.

Four, match public supplements with private supplements such as child support payments. If we don't want to be providing the money through taxes then we must be enforcing greater private support from absent parents.

Five, create a package of all the other sorts of supports that are necessary for single moms to stay in jobs, such as child care and health care.

Six, maintain on-going income supports for some people. We must recognize that some—due to illness, disability, or domestic violence—may simply not make it in the labor market. We need to push for continued full-time assistance for them.

Worker-to-Job Openings: Ratios in Illinois

Source: The Job Gap Project.

A conversation about family-friendly workplaces

Susan J. Lambert is an associate professor in the School of Social Service Administration at the University of Chicago.

Kids Count: Why are we hearing so much about family-friendly workplaces today?

Susan J. Lambert: It's clear that more families are facing stress than ever before. There are two major trends—more women working and a growing lack of security in the workplace. In 1960 women comprised approximately 32 percent of the U.S. labor force. In the 1990s women comprise about 45 percent of the labor force. In the next decade this will rise to 65 percent. And many of these women are also likely to be mothers. In addition, we are see-

ing a shift toward part-time and temporary jobs that come with few benefits and no security. There are few guarantees of employment anymore, even if people are doing all the right things. Work-related stresses and strains are nothing new. Low-income families have always faced these demands and poor women have always worked, but now more families than ever are finding themselves facing these realities.

KC: What is a family-friendly workplace?

SL: Family-friendly workplaces recognize that people need to strike a balance between work and family no matter what stage of life they are in. Family-friendly employers also realize family sometimes has to come before work. Often, policies called "family-friendly" are actually what I call work supports—they help people work. While these work supports are one piece of being "family-friendly," policies must also include family supports like parental leave, flexible work schedules and tuition reimbursement programs. These allow for families to take care of personal needs and grow. Truly family-friendly workplaces have both types of pol

KC: How much do these programs cost—can any business afford to be "family-friendly"?

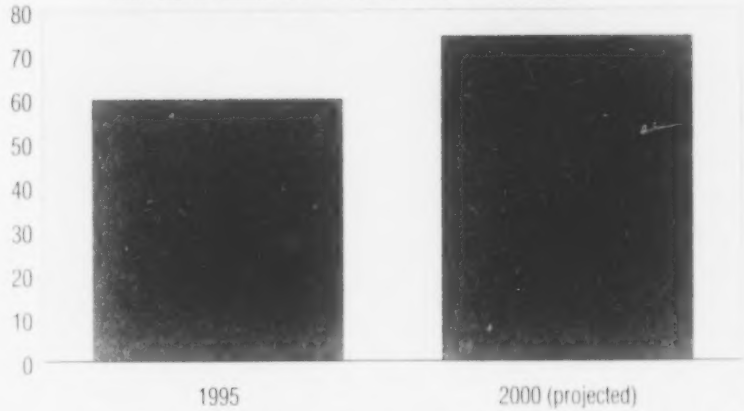
SL: You know, it really doesn't cost that much. While we are finding that larger employers are leading the way in developing family-friendly policies, smaller businesses can afford to be family responsive as well. True family responsive policies are 'gender-neutral' and cover the life span—tuition reimbursements, health programs, referral services, flexible work hours. At any one time only a small percentage of your work force is actually accessing the benefits. In my study of Fel-Pro, Inc. (based in Skokie) we found that the benefits only cost $700 per worker, per year. In comparison to medical benefits that is pretty small. While it may add up over time, at any one time these costs won't bankrupt you. So to me, the dollar cost is a cop-out. Other types of family-responsive policies such as flexible work hours and giving workers more choice and control in their jobs may not "cost" a company anything.

Furthermore, how much workers actually access the benefits depends on why they believe the company is implementing such policies—that these policies exist because the company believes in empowering its workers not because it "looks good" or is good for public relations. Family-friendly policies work best when a company has integrated them into a larger value system and corporate culture that believes in supporting families. So, for some companies it is not the costs that are the barrier but rather the "mindset" and the recognition that work is not always the most important thing—that people have personal lives and that in some ways you are responsible for how work affects personal lives. If you look at it from this standpoint, any business can afford to be family-friendly.

KC: You just mentioned that these policies make a difference—what is their impact?

SL: Research reveals that these policies do impact the bottom line. But putting a tangible dollar figure on the impact is difficult because things like commitment and loyalty to the company are hard to measure in dollars and cents. Family-friendly policies make two kinds of impacts. First, they help people get to work and stay at work. From my study at Fel-Pro, 29 percent of respondents agreed that the benefits have helped them through some tough times. Second, they send a message that your employer cares about you as a worker and as a person. This impact is made whether or not employees access the benefits or not. When companies show a commitment to their workers, you find a high level of commitment among workers.

Percent of Women with a Child Under 6 in the Labor Force in Illinois



Source: U.S. Department of Commerce, Bureau of Census, and U.S. Department of Labor, Bureau of Labor Statistics

KC: Who is responsible for promoting family-friendly policies—government or business?

SL: I think it's appropriate for government to take responsibility for the human needs of its citizens. I don't think we should have to rely on business for the basic health and well-being of our country. In fact, that's pretty scary. The more we ask business to provide basic needs, the more dependent we make workers. Government should be providing the bigger things and letting business handle the policies that only an employer can do. For instance, business should handle flexible work hours and job design whereas government should handle health care. While we do need government to mandate some pieces of family-friendly policies like parental leave, mandating all policies will only ensure that inequities will persist. The best employers will provide the best services. The worst employ-

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ers will provide the worst services and those who can afford better will get it and those who can't won't.

KC: In your opinion, what are the "ideal" policies that any employers can implement?

SI: While not in any particular order I would include:

One, creating flexibility in job design—being flexible on hours, days, and even location.

Two, compensating for overtime work—allowing workers to choose either taking pay for overtime or taking time off. I often feel as though many of the ills in society would be solved if families spent more time together.

Three, enabling employees to lump sick days, vacation days, and personal days together to use as they see fit. Not only does this support workers' lives, but it sends a message that the organization treats people with respect.

Four, establishing or linking workers to base resource and referral services to help workers solve problems and support needs.

Five, training supervisors to deal with people and handle personal crises. Having a supportive supervisor is often the key to ensuring family-friendly work environments and increasing loyalty and commitment to the company.

Kids Count Fact

Sixty-two percent of people nationwide reported that a change in the work place has negatively affected their families.

"Research reveals that these policies do impact the bottom line. First, they help people get to work and stay at work. Second, they send a message that your employer cares about you as a worker and as a person."

A LOOK AT THE CHALLENGES

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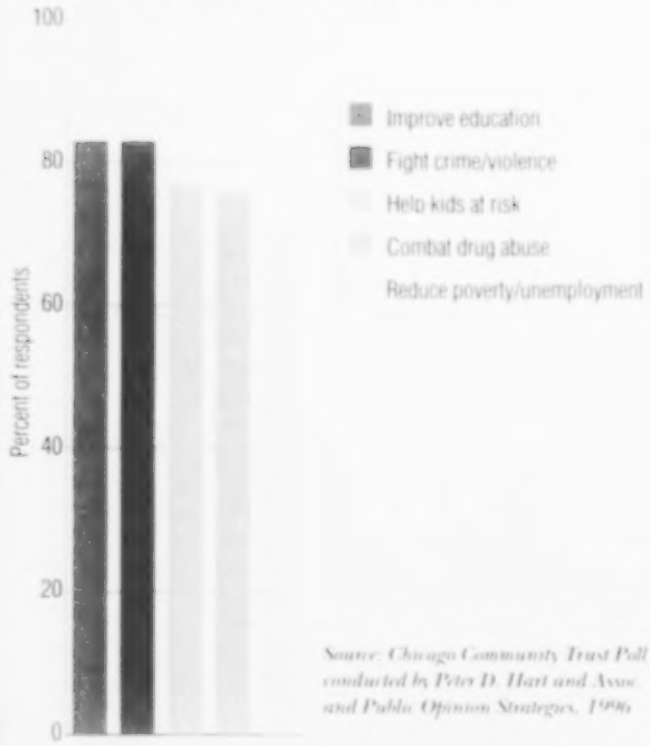
A Look at the Challenges

In the A Look at the Challenges section, we examine the challenges Illinois children face in terms of income, health, education and other special needs. We also take a look at how Illinois compares to other states. To rise to the challenge and build a better future for our children, we must understand the obstacles we face today.

All children—regardless of race, creed, economic status, age or hometown—need families and communities that help them to grow up healthy and strong. Any parent will tell you that it takes a lot of hard work to make sure children are well-educated, safe from danger or serious injury, and moving on to successful adulthood. Parents also will tell you that they cannot do it alone. Other family members, schools, places of worship, local businesses, community institutions, state policy makers and neighbors all have a role to play in supporting families and children. While all benefit from support, some of our children—because of ill health, lack of family income or family instability—need additional help to ensure they grow up ready for adulthood.

Priority Areas for Illinois



Source: Chicago Community Trust Poll conducted by Peter D. Hart and Assoc. and Public Opinion Strategies, 1996

According to a recent statewide public opinion poll conducted for the Chicago Community Trust, the problems facing children and youth in Illinois are regarded by the public as serious, extensive and pervasive, touching all communities. Forty-one percent of Illinoisans believe that more than 1 in 4 children in their own community are at risk of failing to become productive members of society. The types of problems they are likely to face include drugs, pregnancy, violence, inadequate education and lack of parental support. Eighty-four percent of Illinoisans said it is harder for kids growing up today compared to when they were a child and that the state needs to make children and families a priority.

As this poll highlights, today's families are facing multiple challenges—none of which happen in isolation. Often when a family or community directly encounters problems, a "domino effect" occurs—children who have an untreated hearing problem may fall behind in school; families who struggle economically often have trouble accessing health care; and communities that do not have the human or financial resources to operate good schools have trouble preparing children for higher education or work. Similarly, truly fixing one of these areas means addressing all of them. Some of the areas that affect most families are:

Family and Community Economics:

A key underpinning for families is economic self-sufficiency. Poverty is a primary risk factor for unhealthy infancy, child abuse, failure in school, substance abuse, crime and teen pregnancy. Increasingly, working-poor families—families that are working but still not able to raise themselves above poverty—face these problems. In this section, we review unemployment, children receiving AFDC, and child-support enforcement statistics.

Health and Well Being:

All children need quality health care. Some do not have it because their families cannot afford it, while others simply do not have health-care providers in their community. Without providing good health care we jeopardize children's health, as well as their ability to succeed in work, in school and move on to adulthood. In this section, we review prenatal care, infant mortality and child-death statistics.

Education and Early Learning:

For all children, a good education is the foundation of success. This begins at birth. Recent studies demonstrate that early childhood development affects later educational achievement. Learning skills developed as a child affect a person's ability to get a job and become self-sufficient later on. In this section, we review infant and toddler child care, pre-kindergarten and Head Start, and per-pupil expenditure statistics.

Families with Special Needs:

Children need strong families in order to thrive. Families need support to ensure that their children are safe, healthy and well-educated. Economic stress, drug abuse and inexperience all undermine family strength. Without community and family support, the weakest of families struggle to protect and provide for their children. In this section, we review new families at risk, abuse and neglect, and substitute care statistics.

The key to ensuring that all of our children grow up healthy, safe, well-nurtured and well-educated is prevention. Preventing problems just makes sense. By investing in quality prenatal care, we reduce the possibility of children being born with serious health problems. By making sure that children finish school, we reduce the probability that they will need to rely on public assistance. By providing new parents with additional assistance, we ensure that our families start out strong. And by investing in quality early childhood experiences, we help to ensure that children start school ready to learn and ready to succeed. Doing what we can to reduce the potential for problems later in life creates a better world for all of us.

This section of *Illinois Kids Count: Rise to the Challenge* reviews 12 indicators of child well-being. Voices recognizes that these provide only a small portrait of the issues facing children and families. While 12 measures can hardly capture the full range of conditions shaping the lives of Illinois kids, these Kids Count indicators were chosen because: they reflect a broad range of issues affecting children; they provide a comparison to previous years; and they represent some of the best, most accurate data that is collected or can be aggregated on a county level. Each year, Illinois Kids Count runs into difficulties collecting data and choosing indicators. Often indicators we would like to include—such as teacher-student ratios and library books per child—are not reliably collected or not collected at all on the county level. Each year we hope to increase the Kids Count base of indicators and hope to present the best and most useful data on the well-being of Illinois' children.

Comparison to Other States

In 10 essential areas of childhood well-being measured in the 1996 National Kids Count Data Book, Illinois ranks 34th of the 50 states and Washington D.C. In comparison to the eight surrounding states, Illinois ranks seventh, only slightly edging out Missouri. Furthermore, Illinois significantly lags behind three of these neighbors—Wisconsin, Minnesota and Iowa—which rank in the top 10. In comparison to the two other populous states—California and New York—Illinois fares better than New York and slightly worse than California on indicators of overall child well-being.

FAMILY AND COMMUNITY ECONOMICS

Illinois' median income of $38,600 is higher than the U.S. average of $35,800 and is higher than most of its midwestern neighbors. However, Illinois also has one of the highest child poverty rates in the midwest with 20% of children in poverty. While on par with the U.S. average, Illinois pales next to Iowa and Wisconsin which have child poverty rates of 13% and 14% respectively. Furthermore, in Illinois, 27% of kids in poverty are in households with a working parent.

Although more than 1 in 4 Illinois families are headed by a single parent, only slightly more than a quarter of them receive any child support. Only about 28% of child support obligations are paid in Illinois, which is lower than almost all of its neighbors.

HEALTH AND WELL-BEING

More teens in Illinois died violent deaths (79 deaths per 100,000) than on average in the U.S. (69 deaths per 100,000). Since 1985, violent youth deaths increased 56% in Illinois. While violent deaths are no longer unusual in this nation, Illinois rates continue to be among the worst. Illinois ranks 30th in the U.S. and 7th out of 8 in the midwest. Nationally, Hawaii has the lowest rate of violent teen deaths (34 deaths per 100,000). In the midwest, Minnesota boasts the lowest rate with 45 violent deaths per 100,000.

EDUCATION

In 1993, more Illinois teens were neither working nor in school than in any of our neighboring midwestern states. While our "teen idleness" rate has improved since 1985, Illinois still only ranks 26th out of 50 states.

Comparison to Other States

	United States	Ill	Ind	Iowa	Mich	Minn	Mo	Ohio	Wis	Calif	N.Y
National rank (out of 50 states and Washington, D.C.)	xx	34	28	3	30	8	35	25	10	33	38
Midwest rank (out of 8 states)	xx	7	5	1	6	2	8	4	3	xx	xx
Median income	$35,800	$38,600	$31,500	$36,600	$37,700	$39,200	$33,700	$37,100	$41,700	$36,400	$36,400
Percent of kids with no health insurance	13%	10%	10%	8%	7%	6%	12%	9%	7%	18%	11%
Children in working poor families (% of poor in working families)	36%	27%	33%	56%	33.2%	37.2%	39%	27.4%	47%	33.3%	27%
Percent of kids in poverty	21%	21%	19%	13%	22%	18%	21%	19%	14%	24%	29%
Teen violent death rate (per 100,000 teens)	69	79	59	57	67	45	97	56	65	74	53
Percent of moms receiving child support	32%	28%	42%	51%	34%	39%	27%	30%	44%	25%	25%
Percent of single parent families	26%	26%	27%	20%	28%	26%	26%	25%	24%	26%	29%
Percent of teens not working nor in school	10%	10%	10%	5%	9%	7%	10%	8%	7%	11%	10%

Source: Annie E. Casey Foundation. *1996 National Kids Count*. 1996.

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A Look at Illinois Children and Families

FAMILY AND COMMUNITY ECONOMICS

- In 1986, 50.2% of a minimum wage worker's income went toward housing costs.
- In 1986, of Illinois unemployed workers, 57.9% were unemployed because their jobs were eliminated or they were fired.
- 11% of Illinois children live in a household where the income is at least 50% below the poverty line—$12,800 for a family of three. This is higher than the national average of 9%.
- In 1993, 27% of Illinois children were living in working-poor families—families where at least one parent was working, yet their income did not reach the poverty line.

HEALTH AND WELL-BEING

- Of the almost 3.1 million children in our state, more than 13% have no health insurance. About 26% are enrolled in Medicaid and 61% have private health coverage. Of the children with private health insurance, one in every eight has insurance that provides hospital coverage, but does not provide coverage for preventive care.
- About 75% of 2-year-olds in Illinois and 69% of children in Chicago have received all of their immunizations. This is a marked improvement over previous years.
- Almost 960,000 Illinois children who are eligible for the school lunch program for low-income children participated in this important program in FY1995.

EDUCATION AND EARLY LEARNING

- In the 1994-1995 school year, 37,900 Illinois children—a number nearly equal to the population of Park Ridge, Illinois—dropped out of school.
- A 1995 GAO Facility Study of Illinois schools revealed that 30% of Illinois schools reported inadequate computer technology; 18% reported inadequate library facilities; 24% reported inadequate/insufficient physical security; and 24% reported inadequate compliance with life-safety codes.
- In 1993, one in every 10 Illinoisans aged 16-19 years was not enrolled in school and was not working.
- An Illinois parent working at a $5-an-hour job may spend, given average child care costs, over 45% of monthly income on child care.
- Of the estimated 115,250 children aged 3-5 years who were living in poverty, about 40% were not able to participate in Head Start or state-funded pre-kindergarten programs in 1995.

FAMILIES WITH SPECIAL NEEDS

- Two of every three babies with developmental delays fail to receive critical educational and therapeutic services.
- A recent study by the American Medical Association revealed that 75% of parents said they have left a movie or turned off a television show due to violence.
- In 1994, 24,668 children were born to teen-age mothers—a decrease of 877 children from 1990.

SOURCES: Children's Defense Fund; Illinois Association of Park Districts; GAO Facility Report 1995; American Medical Association; Illinois State Board of Education; Harris Poll; Annie E. Casey National Kids Count 1996; Governor's Work Group on Early Childhood 1995; Illinois Department of Public Health; Crain's Business Monthly, July 1995; Illinois CCR&R; Illinois Department of Children and Family Services

Family & Community Economics

UNEMPLOYMENT

Employment is critical to family and community stability. When parents are unemployed it undermines a family's ability to care for its children. When whole communities face unemployment, vital community services—such as grocery stores, transportation and banks—deteriorate and pockets of poverty, drug abuse, gang influence and despair are created.

While the Illinois unemployment rate has been dropping, some areas of our state face greater challenges than others. A study by Northern Illinois University found that in Illinois there are four low-skill unemployed persons and AFDC recipients for every available job. In parts of the state, such as southern Illinois, it goes to 7 persons per job opening. Average duration for unemployment in March 1996 was approximately 18.3 weeks.

- Illinois had a 1995 unemployment rate of 5.2 percent, which decreased 17.4 percent since 1990.
- Between 1990 and 1995 the unemployment rate in rural counties decreased 22.5 percent and urban counties decreased 11.7 percent.
- Woodford, McDonough, McLean and Champaign counties all had unemployment rates below 3 percent in 1995.

Illinois Unemployment Rate—1978-1995

Source: Illinois Department of Employment Security

- The southern part of the state had counties with some of the highest unemployment rates, including Saline with 11 percent unemployment in 1995.

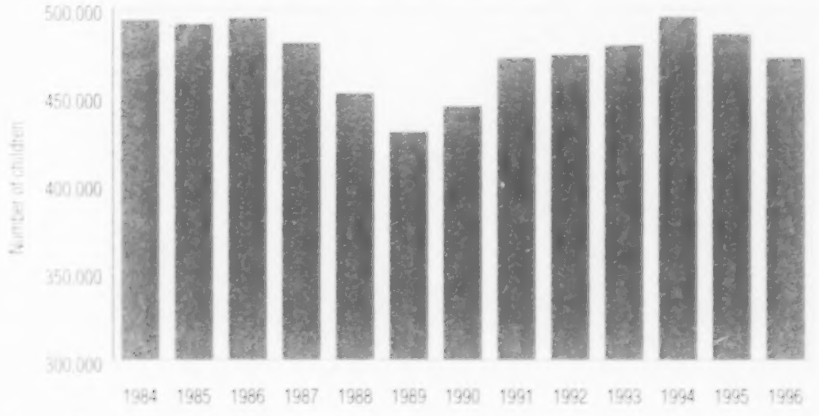
AID TO FAMILIES WITH DEPENDENT CHILDREN

Aid to Families with Dependent Children was the primary income support program for low-income families with children. In August 1996, President Clinton signed a bill that dramatically changes income support for low-income families, puts strict time limits on cash assistance, and requires the state to devise a new plan to provide temporary support and help families move from welfare to work.

There are a number of myths about the AFDC population—they have a lot of children; they receive a lot of money; they don't want to work. The statistics describe another story: 70 percent of AFDC families have two or fewer children; the average family does not stay on welfare for more than 2½ years; the purchasing power of the AFDC grant ($377 a month in 1996) has decreased 58 percent in Illinois between 1970 and 1995; and more than 50 percent of recipients have at least a G.E.D. or high school diploma. Regardless of these perceptions, the reality is that many families receiving AFDC will face new challenges as they move to meet the guidelines of the new legislation.

- In Illinois there were 467,988 children under age 19 who received AFDC in June 1996—or 1 in every 6 children.

Illinois Children Receiving AFDC—1984-1996



Source: Illinois Department of Public Aid

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- In urban counties 1 in every 6 children received AFDC, while in rural counties 1 in 10 children received AFDC.
- In Alexander county, more than 1 in 3 children was a recipient of AFDC.
- Edwards, LaSalle, Monroe, and Wayne counties had more than a 36 percent decrease in kids receiving AFDC between 1991 and 1996.

CHILD SUPPORT ENFORCEMENT

Child support enforcement is critical to ensuring that families have sufficient resources to raise their children—a key part of helping more families move from welfare to self-sufficiency. To better support families, the Illinois Department of Public Aid assists in child-support enforcement for AFDC families and other families who request assistance. There are three aspects of child support: establishing paternity, setting a support order, and determining crucial information for the enforcement of support. All three of these must be in place to have effective child support enforcement.

Illinois has struggled to improve its child-support enforcement record. In 1993, Illinois ranked 45th out of the 50 states in its ability to locate absent parents, and 48th in its ability to collect child support for families in need.[7] In Illinois more than $200 million owed to families and the state went uncollected in 1995. However, Illinois recently has begun to implement new paternity establishment policies and more effective enforcement tools that will improve the statistics.

- In Illinois, the Department of Public Aid handled more than 495,000 child-support enforcement cases in 1995—44 percent of the funds owed to children and families went uncollected.
- On average in rural counties, 39 percent of cases have paternity established and 64 percent of funds have been collected. On average in urban counties, 43 percent of cases have paternity established and 59 percent of support has been collected.
- In Woodford, Peoria, Tazewell, Warren and Knox counties, more than 52 percent of the cases did not have paternity established.
- McHenry County had both the fewest paternity establishments and the lowest collections.

Health and Well-Being

LACK OF FIRST TRIMESTER PRENATAL CARE

Good health care for children begins before they are born. Quality care plays a critical role in ensuring that babies are born healthy and that parents develop sound health practices. Prenatal care during the entire pregnancy is important, but early care has been found to be critical. Women who receive prenatal care in their first trimester of pregnancy are more likely to continue receiving prenatal care, develop good nutritional practices and detect problems if they arise.

Unfortunately, too many women do not receive prenatal care due to economic, cultural and geographical barriers. A General Accounting Office report stated that uninsured low-income women are twice as likely to receive late or no prenatal care as are women with insurance. Lack of care or late care places enormous burden on families and the state. The lifetime societal cost of caring for a low birthweight baby can reach up to $500,000 while prenatal care—which may prevent low birthweight in the first place costs as little as $400.

- While the percent of infants receiving first trimester prenatal care improved 8 percent between 1981 and 1994, still 1 in 4 Illinois infants were born without first trimester prenatal care.
- Lack of prenatal care is a more significant problem in urban than in rural counties. In 1994, 22 percent of children born in urban counties and 18 percent in rural counties did not receive first trimester prenatal care.
- Most counties have seen a significant increase in births receiving first trimester prenatal care. Richland County increased by 25 percent the percent of births receiving care.
- In Alexander County in southern Illinois and Kane County in northern Illinois, more than 30 percent of births did not receive first trimester prenatal care in 1994.

Lack of Prenatal Care

Counties with a high 1994 rate of lack of first trimester prenatal care (22.5% or more)
Counties with any increase in lack of prenatal care between 1984 and 1994
Counties with both

Illinois Infant Mortality Rate—1982-1994

Source: *Illinois Department of Public Health*

INFANT MORTALITY

Although Illinois long has struggled to improve its infant mortality rate, we have consistently ranked in the bottom of states—ranking 41st in 1993. Birth defects, premature birth and Sudden Infant Death Syndrome are the three most common causes of infant death.

While Illinois' overall infant mortality rate has been slowly improving, the gap between black and white infant death rates remains alarming. In 1994, the black infant mortality rate was more than twice the white rate. This trend is also true for the U.S. A UNICEF/CDF report stated that a baby in Cuba, Malaysia or Sri Lanka has a better chance of surviving to his or her first birthday than does a baby born to a black mother in the U.S.

- In Illinois, between 1980 and 1994, 10 infants died per 1,000 live births. This is a decrease in the infant mortality rate of 11 percent.
- Bond, Cook, Franklin, Jasper, McDonough, Pike, St. Clair, and Wabash counties had the highest 1990-1994 infant mortality rates with 12 or more infant deaths per 1,000 live births.
- Fulton, Grundy and Jefferson counties had the lowest infant mortality rates between

1990-1994 with less than 5 infant deaths per 1,000 live births.

- Most counties have had a decrease in infant mortality between 1985-1989 and 1990-1994. However, 15 counties, mostly located in the southern half of the state, had an increase in infant mortality.

CHILD DEATH

Many children in Illinois do not get the chance to see what their future might hold because of illness and violence. Between 1991 and 1994, 5,868 youth died aged 1 to 19. While many children die from illness and disease, the majority of child deaths are due to violence—homicides, suicides and accidents. Of black male child deaths, 73 percent were violent deaths whereas 60 percent of white male deaths were due to violence.

Crime and violence is an increasing worry in today's society. Children often are the victims of violence. A recent study indicated that children aged 12-15 are more than twice as likely to be a victim of violence as are adults over the age of 24.[37] Illinoisans recognize these dangers as 53 percent of state residents, in a recent poll, stated that crime and violence is an issue that the state needs to address.[38]

- In Illinois, between 1991 and 1994,18.1 per 10,000 children died. Of these deaths 59.8 percent were violent.
- Henderson County had the highest death rate at 43.9 deaths per 10,000 youths. Knox County had the highest rate of violent child deaths at 72.7 percent.
- Champaign County had the lowest child death rates at 9.6 deaths per 10,000 children.
- On average, rural counties had death rates of 18.3 per 10,000 children, and urban counties had death rates of 14.2 per 10,000 children.

Education and Early Learning

INFANT AND TODDLER CHILD CARE

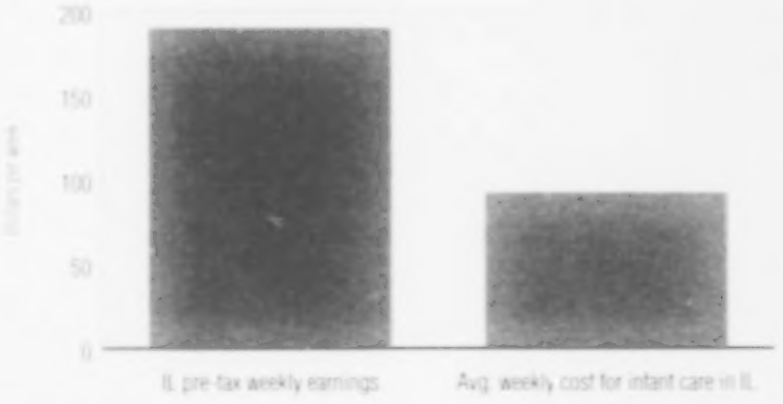
Child care is a necessity for more and more families due to an increase in mothers of young children entering the labor force, an increase of single and dual-career families, and the lack of extended family support. A recent Illinois Department of Public Aid report showed that 68 percent of the women who left AFDC for employment are working evenings, weekends, or work flexible schedules. Only 10 percent of child-care programs in Illinois offer evening care, and only 5 percent offer weekend care. Many quality child-care programs have long waiting lists for new enrollees and often are too expensive for families to afford.

The lack of affordable, accessible, quality care is a greater problem for parents with infants and toddlers. In Illinois, the average cost for licensed child care for one infant is $367 a month, which adds up to more than $4,400 per year. For safety, health and economic reasons (parent fees often do not cover the full cost of child care), many child care providers will not care for infants and toddlers.

These are just a few of the reasons many families are forced to place their children in less-than-quality settings.

- In 1996, Illinois' population of infants and toddlers was 438,331. However, there was enough licensed child care to serve only 7.16 percent of the children.
- Adams County has the most licensed child-care availability and can serve 36 percent of its infant and toddlers. Calhoun, Hardin, Johnson and Pope counties cannot accommodate infants or toddlers in licensed centers or homes.

Minimum Wage Earnings Vs. Child Care Costs



- While rates for child care vary between centers and homes across the state[1], on average infant and toddler care costs $372 a month in a licensed center or home. Among rural counties, Kane County has the highest costs—$460/ month for licensed infant care and $424/ month for licensed toddler care. Among urban counties, Cook County has the highest costs—$518/ month for licensed infant care and $497/ month for licensed toddler care.

CHILDREN ENROLLED IN PRE-KINDERGARTEN AND HEAD START

Federal Head Start and state-funded pre-kindergarten are two of the most important programs that prepare children for school and life. The best of these programs offer not only quality educational environments, but connections to social and health services and opportunities for parent involvement—all keys to successful child development. According to preliminary data, an assessment of Illinois children enrolled in the state pre-kindergarten program now in third grade showed: 73 percent are at or above average in reading; 81.1 percent are at or above average in math; 76.8 percent are at or above average in language; and 83.4 percent are at or above average in behavior.[1]

Unfortunately, too few of our most at-risk children are able to enter these programs. Of the estimated 115,250 children aged 3-5 years living in poverty, about 40 percent are not able to participate in Head Start or state-funded pre-kindergarten.[2] The Illinois State Board of Education estimates that more than 40,000 preschool-age children are on waiting lists for pre-kindergarten programs alone.[3]

- In Illinois, 11.9 percent of children aged 3-5 years were served by either the Head Start or state funded pre-kindergarten program in 1995. This is up from 9.6 percent in 1993.
- Of 28 counties with high child poverty, only 15 have at least 15 percent of the children enrolled in either Head Start or Pre-Kindergarten programs.
- Rural counties have a higher participation rate with 13.4 percent of children aged 3 to 5 than urban counties with 11.2 percent.

REVENUES PER PUPIL

Education is the single most important investment society makes in its youngest members. A good education improves the job, health and social prospects of children. In comparison to other states, Illinois ranks 35th in elementary and secondary expenditures per-pupil. According to preliminary data for 1995-1996, Illinois per-pupil spending is about 55 percent of the per-pupil level of the top spending state, New Jersey.[1]

The disparity among states is also apparent within Illinois. Education is funded through a combination of state, federal and local funds. In Illinois, almost 60 percent of school funding comes from the local level. Because of our state's heavy reliance on local

sources of property tax, school districts have very different levels of funds they can spend. For example, two Lake County communities with the same property tax rate generate very different levels of revenues to support schools. The North Shore elementary school district spends about $8,250 per-pupil while the Gavin elementary school district, only a few miles away, has only $4,150 to spend per-pupil. This creates very different learning environments for children.

- On average Illinois' urban counties spent $4,543 per student, whereas rural counties spent only $3,887 per student.
- School districts in DuPage County spend on average $5,936 per student, while schools in Knox County spend on average $3,967 per student.
- Only seven Illinois counties spend at or more than the $4,817 per-pupil expenditure, which is regarded by many as the bare minimum of what should be spent to ensure a quality education.

Per-Pupil Spending

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Families with Special Needs

NEW FAMILIES AT RISK

All families face hurdles in today's society—violence, lack of economic security, family disintegration, isolation from family and friends. To meet these challenges, families need a stable income, a support network and good parenting skills. Young parents face all of the same issues as other families, but may not have had time to develop the supports necessary to meet these challenges.

A new family at risk—defined as a single, teen mother who has not completed high school—faces even greater challenges. While any one of these risk factors may not destabilize the family, the combination of the three often present extraordinary challenges and tremendous barriers to the child and family's successful development.

- In Illinois, 14 percent of children are born to single teenaged mothers who have not completed high school.
- While new families at risk are more prevalent in urban areas than in rural areas, the percent of new families at risk grew faster between 1984 and 1994 in rural counties than urban counties—73 percent increase in rural counties versus 33 percent in urban counties.
- DuPage County had the lowest percent of new families at risk rate with less than 3 percent in both 1984 and 1994.
- In five counties—Jefferson, Logan, Marion, Peoria and Vermilion—more than one in five births were to a teen-aged, unmarried mother who had not completed high school.

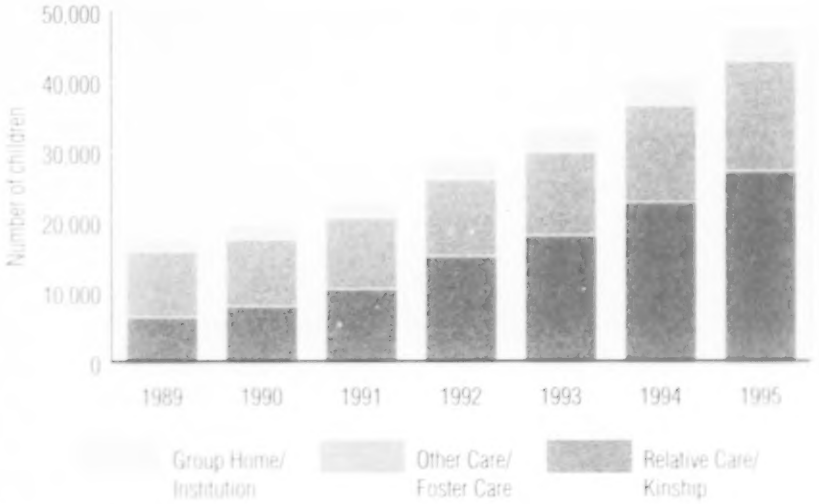
ABUSE AND NEGLECT

When families face stress, children often are the unintended victims. While not all family stress leads to abuse and neglect, it is an all-too-common occurrence. Between 1993 and 1995, the number of child victims of abuse and neglect increased 28 percent in Illinois. The majority of child victims are under 6 years old.

Children bear the scars of abuse and neglect for years. A recent study by the Rand Foundation Criminal Justice Project demonstrated that suffering abuse and neglect as a child increases the likelihood of engaging in violent crime by 38 percent.[1] Preventing abuse and neglect is not only vital to our children and families, but to the quality of life for our entire community.

- In Illinois, 15.6 per 1,000 children were victims of abuse or neglect in 1995. About 44 percent of children were neglected and 10 percent were sexually abused.
- Rural counties had a slightly higher child-victim rate, 15.9 per 1,000 children, than urban counties at 14.6 per 1,000.

Children in Substitute Care—1989-1995



Source: Illinois Department of Children and Family Services

- The seven counties with the highest child-victim rates—Edgar, Fulton, Knox, Marion, Richland, Rock Island and Stephenson—all had rates of 22 child victims per 1,000 or greater.
- In Cook County, more than 50 percent of child victims were due to neglect, while in Warren County 16 percent of child victims were due to neglect.

SUBSTITUTE CARE

One of the most frightening things that can happen to a child is to have his or her family disintegrate. Unfortunately, this is happening to more and more children in Illinois. Between 1990 and 1995, there was a 142 percent increase in the number of children in substitute care. Nationally, on any one day more than 450,000 children are living in substitute homes.[2]

Family breakdown is detrimental not only to children, but to society as well. In Illinois, spending on substitute care increased from $400.4 million to $773.9 million—a 93 percent increase—between Fiscal Year 1993 and Fiscal Year 1997.

- In Illinois in 1995, more than 47,000 children were in substitute care—a rate of about 17 per 1,000 children.
- Urban counties had five times the placement rate of rural counties—20.5 per 1,000 children in urban counties versus 4.7 per 1,000 in rural counties.
- In rural counties the most common type of placement is licensed non-relative foster care homes, while in urban counties the most common type of care is in a home of a relative.
- Cook County had the highest rate of placement in substitute care at 29 per 1,000 children.

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Illinois Unemployment

County	1990 Unemployment	1990 Rate	1996 Unemployment	1996 Rate	Change in Rate
Illinois	**368,837**	**6.2%**	**313,406**	**5.2%**	**-17.4%**
Adams	1,793	5.5%	1,567	4.5%	-18.2%
Alexander	539	12.4%	370	9.6%	-29.8%
Bond	614	8.3%	447	5.9%	-28.0%
Boone	1,339	7.8%	941	4.8%	-38.3%
Brown	167	7.0%	87	3.5%	-50.1%
Bureau	1,014	6.0%	1,063	5.7%	-3.8%
Calhoun	292	11.9%	198	6.3%	-46.9%
Carroll	487	5.9%	502	6.3%	7.1%
Cass	615	9.4%	402	5.6%	-40.7%
Champaign	2,953	3.3%	2,702	2.9%	-9.5%
Christian	985	5.6%	1,863	7.8%	28.5%
Clark	667	7.9%	403	4.4%	-45.0%
Clay	690	10.5%	422	6.1%	-41.1%
Clinton	1,131	6.9%	806	4.9%	-29.1%
Coles	1,512	6.0%	1,078	3.9%	-34.5%
Cook	139,668	6.7%	149,421	5.5%	-18.0%
Crawford	845	9.6%	727	7.6%	-21.4%
Cumberland	491	9.4%	276	5.3%	-44.0%
DeKalb	1,963	4.5%	1,722	3.8%	-15.5%
DeWitt	667	6.1%	489	4.6%	-21.7%
Douglas	456	4.7%	441	3.9%	-16.4%
DuPage	17,194	3.7%	16,691	3.4%	-8.1%
Edgar	930	9.5%	452	4.6%	-45.7%
Edwards	255	7.2%	211	5.7%	-19.7%
Effingham	1,173	7.3%	791	4.4%	-39.4%
Fayette	967	9.7%	613	6.2%	-36.2%
Ford	325	4.7%	331	4.9%	3.2%
Franklin	2,357	15.0%	1,704	10.8%	-28.0%
Fulton	1,305	6.9%	1,082	7.5%	15.6%
Gallatin	260	9.2%	289	10.0%	8.5%
Greene	482	6.3%	408	5.9%	-6.4%
Grundy	1,425	8.4%	1,575	7.6%	-8.8%
Hamilton	383	10.9%	378	8.6%	-20.9%
Hancock	576	5.5%	541	4.5%	-17.9%
Hardin	175	9.3%	132	7.0%	-24.7%
Henderson	266	6.6%	165	3.9%	-40.4%
Henry	1,521	6.0%	1,262	5.0%	-17.2%
Iroquois	785	5.3%	896	5.1%	-3.6%
Jackson	2,013	6.9%	1,536	5.2%	-24.3%
Jasper	303	6.6%	256	5.4%	-18.5%
Jefferson	1,966	11.4%	1,287	7.2%	-36.6%
Jersey	623	6.3%	616	6.1%	-3.0%
Jo Daviess	515	4.7%	570	4.5%	-4.2%
Johnson	490	11.7%	368	8.9%	-23.7%
Kane	9,668	5.5%	9,480	5.0%	-9.4%
Kankakee	3,387	7.2%	3,321	6.4%	-10.8%
Kendall	922	4.1%	986	4.0%	-3.8%
Knox	1,964	7.0%	1,382	4.9%	-29.9%
Lake	11,757	4.2%	12,020	4.0%	-4.6%
LaSalle	4,458	8.9%	4,241	7.8%	-12.7%
Lawrence	652	9.5%	580	8.3%	-12.7%

Children Receiving AFDC—1991-96

County	1991 Children Receiving AFDC	1991 % of Children in AFDC	1996 Children Receiving AFDC	1996 % of Children in AFDC	Percent Change
Illinois	**471,063**	**15.1%**	**467,988**	**15.9%**	**5.0%**
Adams	1,980	11.0%	1,661	9.8%	-11.1%
Alexander	1,235	39.6%	1,115	36.3%	-5.9%
Bond	319	9.7%	320	8.7%	-9.6%
Boone	548	6.0%	804	8.7%	21.7%
Brown	96	6.3%	58	4.5%	-27.6%
Bureau	569	5.7%	654	6.8%	-16.1%
Calhoun	94	8.9%	89	6.8%	-1.4%
Carroll	280	6.3%	249	5.9%	-7.0%
Cass	396	9.9%	333	6.8%	-58.2%
Champaign	3,792	8.9%	3,963	10.3%	15.2%
Christian	729	7.9%	854	9.8%	23.4%
Clark	268	6.5%	335	8.5%	30.7%
Clay	430	11.2%	296	7.3%	-25.2%
Clinton	550	5.7%	482	5.3%	-7.8%
Coles	1,144	9.4%	992	8.1%	-13.4%
Cook	335,526	22.6%	350,448	24.2%	7.3%
Crawford	479	9.4%	410	8.6%	-8.7%
Cumberland	298	9.2%	249	7.9%	-14.3%
DeKalb	614	4.3%	928	5.6%	30.3%
DeWitt	387	6.7%	803	9.3%	7.7%
Douglas	376	6.8%	235	4.2%	-12.4%
DuPage	3,421	1.6%	4,554	2.2%	19.3%
Edgar	594	11.3%	491	9.9%	-12.1%
Edwards	137	6.8%	78	4.3%	-36.6%
Effingham	591	5.9%	854	8.7%	20.0%
Fayette	511	9.3%	436	8.4%	-9.8%
Ford	237	6.1%	225	6.2%	1.1%
Franklin	1,905	18.6%	1,572	16.2%	-12.9%
Fulton	1,370	13.4%	1,022	11.0%	-17.6%
Gallatin	303	17.5%	320	19.9%	13.5%
Greene	523	12.3%	436	10.7%	-13.1%
Grundy	273	2.9%	403	4.5%	54.4%
Hamilton	268	12.5%	233	11.6%	-7.6%
Hancock	443	7.7%	393	7.0%	-9.8%
Hardin	261	20.0%	194	15.6%	-21.8%
Henderson	196	7.6%	165	8.0%	5.7%
Henry	1,174	8.1%	1,056	7.7%	-5.6%
Iroquois	654	7.8%	874	10.1%	29.0%
Jackson	2,178	16.1%	2,367	20.1%	24.8%
Jasper	279	7.0%	157	5.2%	-25.3%
Jefferson	1,743	19.7%	1,642	16.6%	-0.4%
Jersey	307	5.3%	370	6.7%	26.8%
Jo Daviess	375	2.9%	221	3.9%	32.6%
Johnson	335	12.7%	286	12.7%	0.3%
Kane	8,088	8.2%	8,020	8.5%	3.7%
Kankakee	5,077	17.8%	4,419	16.2%	-8.9%
Kendall	302	2.4%	278	2.4%	-3.5%
Knox	1,756	12.3%	2,466	18.5%	49.6%
Lake	9,905	6.5%	7,468	5.3%	-19.7%
LaSalle	3,944	13.7%	2,306	8.4%	-38.7%
Lawrence	475	11.9%	369	9.7%	-18.5%

Child Support Enforcement—FY 1995

County	Total Child Support Cases	Percent of Support Collected	% of Cases with Paternity Established
Illinois	**495,833**	**58.0%**	**39%**
Adams	2,180	67.0%	45.0%
Alexander	993	63.0%	42.0%
Bond	436	67.0%	37.0%
Boone	953	77.0%	49.0%
Brown	111	56.0%	35.0%
Bureau	940	72.0%	46.0%
Calhoun	103	35.0%	28.0%
Carroll	402	67.0%	41.0%
Cass	435	63.0%	45.0%
Champaign	4,793	64.0%	49.0%
Christian	1,023	67.0%	45.0%
Clark	435	60.0%	35.0%
Clay	499	63.0%	32.0%
Clinton	616	71.0%	49.0%
Coles	1,176	66.0%	42.0%
Cook	256,535	51.0%	35.0%
Crawford	557	53.0%	35.0%
Cumberland	280	64.0%	39.0%
DeKalb	1,642	64.0%	34.0%
DeWitt	869	71.0%	35.0%
Douglas	487	63.0%	44.0%
DuPage	9,133	67.0%	32.0%
Edgar	645	63.0%	38.0%
Edwards	194	52.0%	32.0%
Effingham	831	75.0%	41.0%
Fayette	664	60.0%	45.0%
Ford	379	66.0%	47.0%
Franklin	1,678	68.0%	51.0%
Fulton	1,316	70.0%	51.0%
Gallatin	311	56.0%	33.0%
Greene	510	68.0%	35.0%
Grundy	731	52.0%	31.0%
Hamilton	296	62.0%	43.0%
Hancock	633	61.0%	29.0%
Hardin	225	70.0%	34.0%
Henderson	239	54.0%	39.0%
Henry	1,538	63.0%	33.0%
Iroquois	886	68.0%	41.0%
Jackson	2,094	62.0%	50.0%
Jasper	259	74.0%	39.0%
Jefferson	1,722	68.0%	40.0%
Jersey	482	62.0%	33.0%
Jo Daviess	411	65.0%	32.0%
Johnson	352	73.0%	35.0%
Kane	10,800	81.0%	40.0%
Kankakee	4,996	57.0%	47.0%
Kendall	530	41.0%	31.0%
Knox	1,928	67.0%	60.0%
Lake	12,209	58.0%	29.0%
LaSalle	3,140	61.0%	47.0%
Lawrence	543	63.0%	30.0%

Illinois Unemployment

County	1990 Unemployment	1990 Rate	1995 Unemployment	1995 Rate	Change in Rate
Lee	868	5.4%	843	4.9%	-9.2%
Livingston	649	3.5%	707	3.8%	8.0%
Logan	800	5.8%	573	4.4%	-24.8%
Macon	4,150	7.1%	4,508	7.5%	4.5%
Macoupin	1,574	6.9%	1,410	6.2%	-10.2%
Madison	8,390	6.8%	7,076	5.6%	-16.7%
Marion	2,392	12.4%	1,708	8.1%	-35.0%
Marshall	292	4.7%	307	4.8%	1.5%
Mason	577	7.8%	550	6.8%	-11.8%
Massac	491	7.7%	407	5.3%	-31.2%
McDonough	599	3.7%	473	2.6%	-30.4%
McHenry	5,212	5.0%	4,946	4.1%	-17.7%
McLean	2,642	3.7%	2,299	2.9%	-20.9%
Menard	264	4.5%	260	4.3%	-5.0%
Mercer	575	6.9%	523	6.3%	-9.0%
Monroe	778	6.5%	463	3.7%	-42.9%
Montgomery	1,110	8.1%	1,093	7.7%	-4.6%
Morgan	821	4.4%	942	5.2%	15.8%
Moultrie	425	6.4%	355	4.5%	-29.2%
Ogle	1,395	5.6%	1,290	4.8%	-15.8%
Peoria	5,136	5.8%	4,292	4.6%	-20.5%
Perry	1,262	13.6%	885	11.3%	-17.4%
Piatt	431	5.2%	433	5.5%	5.4%
Pike	618	7.3%	498	5.8%	-20.5%
Pope	174	11.1%	117	7.2%	-35.0%
Pulaski	339	12.1%	316	11.1%	-7.7%
Putnam	216	7.6%	200	6.6%	-14.0%
Randolph	1,318	8.6%	988	6.9%	-20.0%
Richland	617	7.7%	415	4.2%	-44.7%
Rock Island	4,034	5.6%	3,718	5.1%	-8.8%
St. Clair	9,528	8.1%	7,054	6.1%	-25.3%
Saline	1,108	10.7%	1,225	11.3%	5.6%
Sangamon	3,867	3.9%	4,366	4.4%	13.3%
Schuyler	324	9.4%	212	5.7%	-39.8%
Scott	179	6.4%	182	6.6%	2.5%
Shelby	733	7.1%	619	5.5%	-22.6%
Stark	198	7.0%	164	5.8%	-17.3%
Stephenson	1,640	6.5%	1,270	5.0%	-23.3%
Tazewell	3,367	5.3%	2,962	4.4%	-18.1%
Union	951	11.7%	672	8.3%	-29.0%
Vermilion	3,993	9.7%	3,125	7.7%	-20.7%
Wabash	496	8.1%	364	7.0%	-12.6%
Warren	609	6.3%	472	4.9%	-22.0%
Washington	545	7.4%	343	4.3%	-41.7%
Wayne	844	10.4%	509	6.2%	-40.1%
White	696	9.8%	556	7.4%	-24.7%
Whiteside	1,823	6.1%	1,277	4.2%	-31.7%
Will	11,473	6.0%	11,065	5.3%	-12.3%
Williamson	2,675	10.2%	2,280	8.5%	-16.6%
Winnebago	8,273	6.0%	5,917	4.0%	-32.7%
Woodford	564	3.3%	458	2.6%	-25.6%

Children Receiving AFDC—1991-96

1991 Children Receiving AFDC	1991 % of Children on AFDC	1996 Children Receiving AFDC	1996 % of Children on AFDC	Percent Change
507	5.4%	418	4.7%	-13.1%
704	6.9%	586	5.9%	-13.7%
556	7.1%	586	8.0%	12.2%
5,284	16.4%	4,944	16.2%	-1.2%
1,436	11.0%	1,309	10.7%	-3.1%
9,440	14.0%	9,395	14.8%	5.2%
1,215	16.5%	2,688	24.1%	46.5%
209	6.1%	321	10.0%	62.9%
613	13.7%	922	21.8%	58.6%
616	16.6%	462	13.2%	-20.5%
721	9.0%	683	10.5%	15.8%
1,164	2.1%	1,750	3.3%	56.1%
1,874	5.6%	2,048	6.8%	22.0%
219	6.9%	219	7.2%	4.4%
328	6.8%	321	7.0%	3.7%
219	3.5%	131	2.2%	-38.2%
866	10.6%	843	10.8%	1.7%
844	8.9%	903	10.3%	15.5%
142	3.7%	116	3.3%	-12.2%
692	5.2%	590	4.7%	-10.7%
9,174	18.2%	8,771	18.5%	1.6%
704	11.8%	702	12.6%	6.2%
177	4.2%	146	3.6%	-13.6%
519	11.3%	568	13.1%	15.9%
174	15.6%	139	13.7%	-11.7%
738	30.9%	655	30.2%	-2.1%
64	4.1%	53	3.5%	-14.8%
788	8.9%	727	8.6%	-3.3%
482	10.7%	391	9.1%	-15.1%
8,651	21.6%	5,301	14.0%	-35.3%
14,713	16.7%	18,167	24.3%	30.1%
1,209	17.8%	1,175	18.2%	2.3%
5,517	11.6%	5,543	12.2%	5.4%
129	6.6%	105	5.5%	-15.9%
112	7.2%	95	6.4%	-11.0%
382	6.3%	337	5.8%	-8.6%
112	6.3%	78	4.6%	-27.7%
953	7.3%	1,036	8.4%	14.8%
2,797	8.1%	2,196	6.7%	-17.6%
574	13.2%	620	14.9%	13.3%
4,134	17.2%	3,687	16.1%	-6.4%
344	9.5%	351	10.3%	8.4%
520	9.8%	478	9.5%	-3.1%
180	4.4%	175	4.5%	1.8%
696	15.6%	413	9.6%	-38.7%
516	12.7%	734	18.6%	47.0%
1,299	7.6%	1,013	6.3%	-17.1%
7,221	6.5%	7,354	6.9%	7.2%
3,355	22.9%	2,098	15.1%	-34.0%
8,628	12.4%	8,117	12.3%	-0.8%
509	5.1%	375	4.0%	-22.5%

Child Support Enforcement—FY 1995

Total Child Support Cases	Percent of Support Collected	% of Cases with Paternity Established
879	63.0%	46.0%
840	64.0%	41.0%
872	72.0%	48.0%
5,856	70.0%	44.0%
1,564	65.0%	39.0%
9,528	51.0%	52.0%
2,045	71.0%	50.0%
286	75.0%	41.0%
635	66.0%	50.0%
719	62.0%	34.0%
903	67.0%	48.0%
2,411	47.0%	24.0%
2,923	62.0%	41.0%
298	68.0%	47.0%
487	64.0%	47.0%
304	52.0%	32.0%
953	75.0%	38.0%
1,113	68.0%	34.0%
257	62.0%	52.0%
1,230	61.0%	31.0%
8,356	66.0%	53.0%
802	71.0%	41.0%
283	74.0%	46.0%
539	55.0%	34.0%
162	58.0%	31.0%
567	55.0%	43.0%
127	71.0%	32.0%
921	61.0%	44.0%
596	70.0%	32.0%
6,380	61.0%	42.0%
15,603	47.0%	51.0%
1,245	56.0%	38.0%
6,889	59.0%	42.0%
190	59.0%	36.0%
162	50.0%	34.0%
465	70.0%	43.0%
138	65.0%	44.0%
1,413	54.0%	37.0%
3,348	67.0%	56.0%
722	73.0%	33.0%
4,187	69.0%	40.0%
521	69.0%	37.0%
596	66.0%	57.0%
274	60.0%	41.0%
468	69.0%	34.0%
588	54.0%	38.0%
1,872	60.0%	44.0%
9,069	41.0%	48.0%
2,225	63.0%	42.0%
10,632	51.0%	37.0%
585	69.0%	52.0%

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County	Children under age 2	Infant & Toddler Care—1996: Availability of Licensed Infant & Toddler Child Care	Infant & Toddler Care—1996: Avg. Weekly Rate of Licensed Infant Care	Infant & Toddler Care—1996: Avg. Weekly Rate of Licensed Toddler Care	Pre-Kindergarten & Head Start—1995[1]: Head Start Enrollment	Pre-Kindergarten & Head Start—1995[1]: State Pre-K Enrollment	Pre-Kindergarten & Head Start—1995[1]: Percent of 3-5 year olds served by Head Start or Pre-K	Per-Pupil Revenues—1994-95 School Year: Unrestricted Operating Funds	Per-Pupil Revenues—1994-95 School Year: Revenues per Pupil
Illinois	**438,331**	**7.5%**	**$85.0**	**$82.5**	**38,195**	**34,747**	**11.9%**	**$8,691,932,292**	**$5,139**
Adams	1,747	37.9%	$61.7	$65.2	331	446	27.7%	$34,289,410	$3,619
Alexander	306	6.5%	$105.6	$105.0	157	175	62.5%	$7,031,592	$4,220
Bond	404	16.1%	$72.1	$60.7	20	231	40.8%	$8,003,776	$3,563
Boone	1,024	15.1%	$73.5	$71.3	34	59	7.2%	$21,401,062	$3,895
Brown	108	29.6%	$56.3	$60.5	11	NA	4.1%	$2,747,473	$3,622
Bureau	812	11.1%	$76.3	$77.5	52	151	14.2%	$24,437,780	$3,945
Calhoun	122	*	NA	NA	16	30	25.7%	$2,763,297	$3,836
Carroll	390	14.4%	$17.8	$22.7	35	104	22.9%	$12,691,818	$4,073
Cass	352	15.3%	$59.7	$57.6	26	65	14.2%	$8,129,430	$3,831
Champaign	4,540	22.8%	$88.2	$88.1	357	440	11.8%	$90,739,634	$4,272
Christian	951	11.5%	$60.4	$46.6	104	206	21.2%	$19,941,922	$3,718
Clark	413	12.1%	$53.9	$53.2	34	NA	6.3%	$9,810,276	$3,450
Clay	349	13.8%	$52.6	$50.7	63	46	20.4%	$9,567,226	$3,676
Clinton	889	24.4%	$63.4	$60.4	43	127	12.0%	$18,176,883	$3,470
Coles	1,123	22.4%	$60.2	$60.0	102	408	28.7%	$27,936,619	$3,886
Cook	186,387	4.5%	$110.2	$105.3	15,900	16,818	13.3%	$4,039,421,533	$6,177
Crawford	447	15.0%	$51.7	$51.3	41	97	17.9%	$12,827,942	$3,644
Cumberland	292	8.9%	$52.1	$52.5	30	NA	6.4%	$6,563,688	$3,410
DeKalb	1,910	20.7%	$83.6	$91.1	97	146	7.5%	$54,072,187	$4,415
DeWitt	446	19.8%	$66.7	$64.4	34	98	17.4%	$17,493,325	$5,764
Douglas	520	13.7%	$63.1	$62.9	35	NA	4.3%	$11,744,312	$3,880
DuPage	28,116	11.9%	$131.5	$126.1	390	596	2.3%	$731,915,291	$5,936
Edgar	465	12.3%	$54.8	$54.0	56	45	16.4%	$13,671,767	$3,827
Edwards	129	25.6%	$25.6	$27.4	18	26	15.7%	$3,524,601	$3,384
Effingham	966	26.6%	$53.7	$54.8	100	40	8.4%	$20,522,880	$3,476
Fayette	525	13.9%	$77.7	$76.8	50	NA	6.5%	$10,621,565	$3,510
Ford	327	25.1%	$46.8	$45.6	29	NA	4.8%	$10,397,135	$4,325
Franklin	934	2.0%	$69.3	$78.3	153	NA	11.0%	$25,171,392	$3,874
Fulton	836	3.5%	$74.1	$69.0	141	119	19.0%	$29,423,032	$3,927
Gallatin	151	6.6%	NA	$75.0	30	29	25.9%	$4,002,575	$4,173
Greene	391	9.5%	$59.6	$57.8	57	70	20.3%	$8,827,455	$3,590
Grundy	902	5.1%	$97.8	$93.2	34	72	7.1%	$35,746,476	$5,121
Hamilton	202	6.9%	$25.7	$17.1	24	45	34.1%	$4,978,089	$3,767
Hancock	493	32.9%	$48.9	$55.7	32	92	14.6%	$14,830,528	$3,661
Hardin	89	*	NA	NA	40	13	29.0%	$3,413,039	$3,872
Henderson	180	10.6%	$58.1	$56.3	46	36	27.5%	$4,528,833	$3,683
Henry	1,192	11.5%	$70.4	$69.0	63	307	18.7%	$34,710,770	$3,734
Iroquois	719	15.9%	$36.8	$37.4	18	155	14.7%	$21,391,680	$4,055
Jackson	1,361	15.7%	$94.0	$93.2	205	482	36.3%	$30,510,850	$3,992
Jasper	244	16.4%	$41.2	$41.2	29	40	17.2%	$6,790,356	$3,599
Jefferson	964	19.7%	$79.1	$75.1	276	97	19.6%	$23,889,892	$3,665
Jersey	479	11.7%	$62.5	$61.3	25	116	11.9%	$10,364,689	$3,520
Jo Daviess	503	10.7%	$52.2	$52.5	18	147	19.8%	$14,410,992	$4,048
Johnson	217	*	NA	NA	30	125	42.3%	$6,186,137	$3,770
Kane	12,847	9.9%	$117.9	$109.4	559	847	7.6%	$308,038,395	$4,217
Kankakee	3,208	10.7%	$86.7	$83.7	364	417	15.5%	$67,798,757	$4,149
Kendall	1,267	7.4%	$115.2	$106.1	34	62	5.1%	$32,320,696	$4,140
Knox	1,372	13.5%	$96.2	$96.9	176	278	21.9%	$31,949,386	$3,967
Lake	11,697	15.6%	$125.6	$113.2	638	816	4.6%	$533,246,695	$5,889
LaSalle	2,648	8.1%	$79.8	$82.3	222	196	9.2%	$79,520,892	$4,937
Lawrence	340	16.2%	$48.9	$44.9	70	62	23.2%	$10,372,534	$3,902

County	Children under age 2	Infant & Toddler Care—1994[16] Availability of Licensed Infant & Toddler Child Care	Avg. Weekly Rate of Licensed Infant Care	Avg. Weekly Rate of Licensed Toddler Care
Lee	803	8.5%	$31.4	$40.0
Livingston	961	10.4%	$49.8	$47.3
Logan	708	20.1%	$68.7	$66.4
Macon	3,327	11.1%	$81.5	$79.1
Macoupin	1,085	12.5%	$65.2	$67.1
Madison	6,882	11.9%	$78.4	$77.5
Marion	1,147	23.7%	$70.3	$72.5
Marshall	305	9.2%	$69.5	$71.0
Mason	401	8.0%	$52.0	$51.5
Massac	998	*	$80.0	$70.0
McDonough	629	23.1%	$78.7	$70.2
McHenry	7,106	7.0%	$118.2*	$115.7
McLean	3,736	21.1%	$103.0	$93.5
Menard	290	23.4%	$78.8	$67.1
Mercer	335	8.4%	$74.5	$74.3
Monroe	610	14.4%	$67.4	$73.7
Montgomery	731	12.0%	$38.0	$37.3
Morgan	989	26.8%	$65.6	$67.7
Moultrie	340	19.1%	$63.7	$66.9
Ogle	1,243	13.4%	$49.5	$64.2
Peoria	5,900	18.9%	$103.7	$98.2
Perry	502	6.4%	$94.9	$70.8
Piatt	392	19.4%	$78.7	$79.6
Pike	404	23.0%	$51.5	$52.6
Pope	62	*	NA	NA
Pulaski	202	*	$60.0	$50.0
Putnam	134	11.2%	$82.5	$73.2
Randolph	742	8.0%	$49.4	$51.5
Richland	402	19.2%	$56.6	$54.6
Rock Island	4,015	11.9%	$89.8	$90.5
St. Clair	8,486	12.9%	$58.9	$55.6
Saline	628	7.8%	$87.9	$48.2
Sangamon	5,264	28.4%	$86.5	$81.2
Schuyler	153	22.2%	$56.4	$53.8
Scott	138	23.9%	$56.4	$55.0
Shelby	543	5.0%	$57.7	$60.7
Stark	186	13.4%	$60.4	$60.5
Stephenson	1,260	24.9%	$67.2	$65.5
Tazewell	3,189	13.4%	$81.0	$83.5
Union	421	4.3%	$62.3	$66.0
Vermillion	2,509	10.0%	$68.3	$67.9
Wabash	288	22.9%	$62.9	$42.6
Warren	465	17.4%	$58.9	$61.0
Washington	327	11.6%	$56.7	$61.1
Wayne	366	16.4%	$69.1	$61.1
White	352	6.0%	$85.7	$71.6
Whiteside	1,533	6.4%	$53.8	$55.1
Will	11,931	7.8%	$110.2	$108.6
Williamson	1,389	8.5%	$91.3	$79.1
Winnebago	7,811	16.6%	$80.5	$79.6
Woodford	782	6.8%	$97.8	$97.4

County	Pre-Kindergarten & Head Start—1995[17] Head Start Enrollment	State Pre-K Enrollment	Percent of 3-5 year olds served by Head Start or Pre-K
Lee	53	15	4.8%
Livingston	77	202	19.3%
Logan	68	27	8.2%
Macon	361	135	16.5%
Macoupin	152	255	21.8%
Madison	684	877	14.0%
Marion	179	33	11.4%
Marshall	17	23	7.8%
Mason	51	NA	7.4%
Massac	72	145	38.0%
McDonough	71	169	25.6%
McHenry	220	282	4.1%
McLean	200	189	6.7%
Menard	17	78	20.2%
Mercer	51	46	15.4%
Monroe	34	37	6.7%
Montgomery	52	371	36.8%
Morgan	132	89	16.4%
Moultrie	30	NA	8.0%
Ogle	82	51	6.1%
Peoria	627	435	12.6%
Perry	70	NA	8.0%
Piatt	17	7	3.9%
Pike	96	NA	14.3%
Pope	20	21	35.3%
Pulaski	130	156	79.4%
Putnam	17	48	28.3%
Randolph	79	129	18.2%
Richland	68	238	45.4%
Rock Island	495	426	15.6%
St. Clair	1,301	674	16.1%
Saline	90	164	26.9%
Sangamon	325	884	15.0%
Schuyler	11	NA	3.9%
Scott	13	15	12.3%
Shelby	51	15	7.3%
Stark	17	58	31.5%
Stephenson	172	111	13.6%
Tazewell	313	136	8.1%
Union	74	295	52.3%
Vermillion	368	413	21.3%
Wabash	38	79	24.4%
Warren	129	34	24.7%
Washington	16	45	10.9%
Wayne	42	111	24.7%
White	42	96	27.1%
Whiteside	163	212	14.9%
Will	724	368	5.3%
Williamson	177	NA	7.9%
Winnebago	512	1,048	18.9%
Woodford	17	170	11.7%

County	Per-Pupil Revenues—1994-95 School Year Unrestricted Operating Funds	Revenues per Pupil
Lee	$21,061,575	$3,965
Livingston	$29,300,030	$4,205
Logan	$16,727,573	$4,420
Macon	$69,811,976	$3,798
Macoupin	$34,051,189	$3,571
Madison	$150,691,749	$3,893
Marion	$29,812,903	$3,805
Marshall	$6,600,180	$3,978
Mason	$13,298,142	$3,889
Massac	$9,299,109	$3,927
McDonough	$16,171,435	$4,002
McHenry	$149,150,514	$4,611
McLean	$82,067,269	$4,257
Menard	$9,733,936	$3,89[illegible]
Mercer	$5,995,233	$3,501
Monroe	$13,764,152	$3,564
Montgomery	$19,336,499	$3,646
Morgan	$20,422,029	$3,732
Moultrie	$7,287,468	$3,778
Ogle	$49,696,358	$5,498
Peoria	$113,768,678	$4,369
Perry	$11,442,545	$3,767
Piatt	$13,258,559	$4,176
Pike	$11,642,591	$3,945
Pope	$2,482,824	$3,873
Pulaski	$6,033,580	$3,855
Putnam	$3,292,818	$3,359
Randolph	$17,471,121	$3,615
Richland	$9,696,428	$3,527
Rock Island	$100,824,295	$4,283
St. Clair	$5,471,738	$4,545
Saline	$16,892,775	$3,916
Sangamon	$106,230,488	$4,094
Schuyler	$4,191,788	$3,700
Scott	$3,651,776	$3,654
Shelby	$15,507,135	$3,691
Stark	$170,186,622	$3,927
Stephenson	$29,287,906	$3,975
Tazewell	$78,894,671	$4,059
Union	$11,731,684	$3,686
Vermillion	$57,086,493	$3,982
Wabash	$7,484,313	$3,490
Warren	$12,922,768	$3,834
Washington	$8,039,449	$3,635
Wayne	$11,105,935	$3,760
White	$11,255,273	$3,977
Whiteside	$40,823,017	$3,999
Will	$249,536,856	$4,276
Williamson	$31,760,520	$3,684
Winnebago	$174,072,298	$4,686
Woodford	$29,337,464	$4,103

Lack of First Trimester Prenatal Care, 1984-94[1]

County	Live Births 1984	No First Trimester Care 1984	Rate 1984	Live births 1994	No First Trimester Care 1994	Rate 1994	Change in Rate
Illinois	**179,216**	**137,961**	**23.1%**	**189,179**	**149,126**	**21.2%**	**-8.2%**
Adams	1,032	277	26.8%	865	179	20.7%	-22.9%
Alexander	227	62	27.3%	158	50	31.6%	15.9%
Bond	220	53	24.1%	200	25	12.5%	-48.1%
Boone	413	123	29.8%	538	107	19.9%	-33.2%
Brown	82	31	*	58	14	*	*
Bureau	507	77	15.2%	429	69	16.1%	5.9%
Calhoun	73	20	*	48	3	*	*
Carroll	250	52	20.8%	189	34	18.0%	-13.5%
Cass	178	44	24.7%	171	26	15.2%	-38.5%
Champaign	2,660	552	20.8%	2,240	357	15.9%	-23.2%
Christian	486	107	22.0%	419	63	15.0%	-31.7%
Clark	231	51	22.1%	222	36	16.2%	-26.6%
Clay	201	42	20.9%	175	35	20.0%	-4.3%
Clinton	526	54	10.3%	442	31	7.0%	-31.7%
Coles	669	164	24.5%	579	119	20.6%	-16.2%
Cook	86,121	21,609	25.1%	92,891	23,259	25.0%	-0.2%
Crawford	289	109	37.7%	233	31	13.3%	-64.7%
Cumberland	172	32	18.6%	161	25	16.6%	-11.0%
DeKalb	864	156	18.1%	956	154	16.1%	-11.0%
Dewitt	222	59	26.6%	229	44	19.2%	-27.7%
Douglas	287	95	33.1%	262	69	26.3%	-20.4%
DuPage	11,535	1,706	14.7%	14,212	1,307	9.2%	-37.6%
Edgar	271	72	26.6%	234	52	22.2%	-16.4%
Edwards	109	25	18.3%	69	69	*	-100.0%
Effingham	573	139	24.3%	882	55	11.4%	-53.0%
Fayette	284	88	31.0%	250	27	10.8%	-65.1%
Ford	172	29	16.9%	169	21	12.4%	-26.3%
Franklin	507	117	23.1%	483	92	19.0%	-17.5%
Fulton	457	91	19.9%	409	70	17.1%	-14.0%
Gallatin	91	25	*	76	28	*	*
Greene	240	79	32.5%	199	51	25.6%	-21.1%
Grundy	452	59	13.1%	458	80	17.5%	33.8%
Hamilton	112	32	28.6%	105	26	24.8%	-13.3%
Hancock	244	55	16.7%	263	54	20.5%	9.8%
Hardin	62	11	*	39	3	*	*
Henderson	110	17	15.5%	99	99	*	-100.0%
Henry	788	155	19.7%	603	101	16.7%	-14.8%
Iroquois	450	98	21.8%	370	65	17.6%	-19.3%
Jackson	819	159	19.4%	701	141	20.1%	3.6%
Jasper	161	37	23.0%	126	19	15.1%	-34.4%
Jefferson	629	169	27.3%	470	87	18.5%	-32.1%
Jersey	298	73	24.5%	225	28	12.4%	-49.4%
JoDaviess	327	59	18.0%	263	47	17.9%	-1.0%
Johnson	111	19	17.1%	109	20	18.3%	7.2%
Kane	5,084	1,294	25.5%	6,552	1,969	30.1%	18.1%
Kankakee	1,613	454	28.1%	1,563	446	28.5%	1.4%
Kendall	574	107	18.6%	666	108	16.2%	-13.0%
Knox	774	187	24.2%	660	129	19.5%	-19.1%
Lake	7,381	1,303	17.7%	9,953	1,899	19.1%	8.1%
LaSalle	1,544	333	21.6%	1,347	224	16.6%	-22.9%
Lawrence	223	98	43.9%	174	23	13.2%	-69.9%

Infant Mortality—1985-90 and 1990-94[1]

County	Live births 1985-90	Infant deaths 1985-90	Deaths/ 1,000 1985-90	Live births 1990-94	Infant deaths 1990-94	Deaths/ 1,000 1990-94	Change in rate
Illinois	**912,616**	**10616**	**11.6**	**960,379**	**9,618**	**10.0**	**-13.8%**
Adams	4,743	45	9.5	4,570	28	6.1	-35.8%
Alexander	932	6	*	855	12	14	*
Bond	953	11	11.5	981	12	12.2	6.1%
Boone	2,143	17	7.9	2,423	23	9.5	20.3%
Brown	276	2	*	320	1	*	*
Bureau	2,354	29	12.3	2,129	22	10.3	-16.3%
Calhoun	313	0	*	285	3	*	*
Carroll	1,109	16	14.4	993	6	*	*
Cass	823	11	13.4	913	5	*	*
Champaign	13,150	118	9.0	12,139	104	8.6	-4.4%
Christian	2,376	20	8.4	2,285	17	7.4	-11.9%
Clark	1,007	8	*	942	7	*	*
Clay	931	6	*	918	8	*	*
Clinton	2,270	14	6.2	2,211	17	7.7	24.2%
Coles	2,992	29	9.7	2,923	34	11.6	19.6%
Cook	446,862	6,118	13.7	476,027	5,774	12.1	-11.7%
Crawford	1,234	9	*	1,168	10	8.6	*
Cumberland	783	3	*	736	5	*	*
DeKalb	4,732	60	12.7	4,884	35	7.2	-43.3%
Dewitt	1,109	6	*	1,144	8	*	*
Douglas	1,454	18	12.4	1,330	9	*	*
DuPage	62,100	447	7.2	69,792	441	6.3	-12.5%
Edgar	1,265	10	7.9	1,105	8	*	*
Edwards	458	5	*	389	9	*	*
Effingham	2,766	19	6.9	2,609	20	7.7	11.6%
Fayette	1,335	10	7.5	1,266	6	*	*
Ford	910	8	*	7	*	*	4,023
Franklin	2,519	23	9.1	2,373	30	12.6	38.5%
Fulton	2,108	18	8.5	2,109	10	4.7	-44.7%
Gallatin	435	6	*	412	2	*	*
Greene	1,027	12	11.7	953	6	*	*
Grundy	2,247	20	8.9	2,313	11	4.8	-46.1%
Hamilton	510	6	*	483	0	*	*
Hancock	1,339	17	12.7	1,267	7	*	*
Hardin	254	1	*	242	0	*	*
Henderson	471	5	*	453	3	*	*
Henry	3,374	27	8.0	3,031	17	5.6	-30.0%
Iroquois	2,003	17	8.5	1,852	16	8.6	1.2%
Jackson	3,715	33	8.9	3,489	33	9.5	6.7%
Jasper	822	7	*	656	10	15.2	*
Jefferson	2,798	31	11.1	2,618	13	5.0	-55.0%
Jersey	1,370	10	7.3	1,239	12	9.7	*
JoDaviess	1,388	15	10.8	1,237	3	*	*
Johnson	531	4	*	575	5	*	*
Kane	27,993	300	10.7	31,731	275	8.7	-18.7%
Kankakee	7,748	115	14.8	8,277	91	11.0	-25.7%
Kendall	2,667	19	7.1	3,113	17	5.5	-22.5%
Knox	3,451	29	8.4	3,294	32	9.7	15.5%
Lake	41,630	407	9.7	48,659	332	6.8	-29.9%
LaSalle	6,914	60	8.7	6,912	52	7.5	-13.8%
Lawrence	1,020	10	9.8	900	9	*	*

Youth Deaths—1991-1994

County	Total Child Population	Total Child Deaths	Deaths/ 10,000	% of Deaths That Are Violent
Illinois	**3,299,229**	**5,968**	**18.1**	**59.8%**
Adams	18,967	29	15.3	62.1%
Alexander	3,318	10	30.1	80.0%
Bond	4,187	10	23.9	70.0%
Boone	9,541	17	17.8	58.8%
Brown	1,447	1	*	*
Bureau	10,350	9	*	*
Calhoun	1,432	5	*	*
Carroll	4,627	2	*	*
Cass	3,820	12	31.4	16.7%
Champaign	49,843	48	9.6	43.8%
Christian	9,630	16	16.7	66.7%
Clark	4,333	7	*	*
Clay	4,005	7	*	*
Clinton	10,079	12	11.9	58.3%
Coles	14,568	15	10.3	53.3%
Cook	1,427,326	3,100	21.7	61.3%
Crawford	5,325	7	*	*
Cumberland	3,267	3	*	*
DeKalb	22,739	33	14.5	60.6%
Dewitt	4,669	7	*	*
Douglas	5,953	7	*	*
DuPage	226,494	246	10.9	49.2%
Edgar	5,516	12	21.8	58.3%
Edwards	2,035	4	*	*
Effingham	10,364	21	20.3	61.9%
Fayette	5,747	6	*	*
Ford	7	*	*	
Franklin	10,827	18	16.6	66.7%
Fulton	10,290	22	21.4	54.5%
Gallatin	1,832	3	*	*
Greene	4,436	6	*	*
Grundy	9,800	10	10.2	50.0%
Hamilton	2,250	3	*	*
Hancock	5,972	9	*	*
Hardin	1,397	0	*	
Henderson	2,277	10	43.9	80.0%
Henry	15,107	27	17.9	66.7%
Iroquois	8,676	15	17.3	66.7%
Jackson	16,658	25	15.0	68.0%
Jasper	3,251	6	*	*
Jefferson	10,909	23	21.1	43.5%
Jersey	6,216	8	*	*
JoDaviess	6,246	11	17.6	*
Johnson	2,549	6	*	50.0%
Kane	103,840	161	15.5	61.5%
Kankakee	30,104	69	22.9	*
Kendall	12,964	19	14.7	*
Knox	15,167	22	14.5	72.7%
Lake	161,747	184	11.4	*
LaSalle	30,261	50	16.5	*
Lawrence	4,206	10	23.8	*

Lack of First Trimester Prenatal Care, 1984-94[1]

County	1984 Live Births	1984 No First Trimester Care	1984 Rate	1994 Live births	1994 No First Trimester Care	1994 Rate	Change in rate
Lee	504	113	22.4%	395	54	13.7%	-39.0%
Livingston	581	115	19.8%	464	80	17.2%	-12.9%
Logan	401	92	22.9%	361	46	12.7%	-44.5%
Macon	1,843	574	31.1%	1,649	464	28.1%	-9.7%
Macoupin	669	166	24.8%	568	97	17.1%	-31.2%
Madison	3,577	825	23.1%	3,411	651	19.1%	-17.3%
Marion	667	121	18.1%	562	90	16.0%	-11.7%
Marshall	169	28	16.6%	173	16	9.2%	-44.2%
Mason	227	51	23.1%	218	23	10.6%	-54.3%
Massac	177	38	21.5%	178	36	20.2%	-5.8%
McDonough	383	81	21.1%	338	82	24.3%	14.7%
McHenry	2,406	402	16.7%	3,684	556	15.1%	-9.7%
McLean	1,820	257	14.1%	1,898	222	11.7%	-17.2%
Menard	180	42	23.3%	133	16	12.0%	-48.4%
Mercer	252	57	22.6%	171	29	17.0%	-25.0%
Monroe	288	31	10.8%	307	24	7.8%	-27.4%
Montgomery	839	96	23.5%	344	61	17.7%	-24.5%
Morgan	498	138	27.7%	435	70	16.1%	-41.9%
Moultrie	213	74	34.7%	187	42	22.5%	-35.4%
Ogle	645	160	24.8%	622	135	21.7%	-12.5%
Peoria	2,898	556	19.2%	2,778	506	18.2%	-5.1%
Perry	291	72	24.7%	266	37	13.9%	-43.8%
Piatt	220	56	25.5%	196	19	9.7%	-61.9%
Pike	218	61	28.0%	190	35	18.4%	-34.2%
Pope	65	13	*	34	11	*	*
Pulaski	159	47	29.6%	100	26	26.0%	-12.0%
Putnam	94	16	*	72	8	*	*
Randolph	454	72	15.9%	379	62	16.4%	3.2%
Richland	312	90	28.8%	196	14	7.1%	-75.2%
Rock Island	2,343	663	28.3%	1,924	412	21.4%	-24.3%
St. Clair	4,639	1,018	21.9%	4,249	1,096	25.8%	17.5%
Saline	348	76	21.8%	310	72	23.2%	6.3%
Sangamon	2,719	702	25.8%	2,683	378	14.1%	-45.4%
Schuyler	99	35	*	74	19	*	*
Scott	97	29	*	68	9	*	*
Shelby	342	88	25.7%	292	58	19.9%	-22.8%
Stark	109	17	15.6%	94	84	*	-100.0%
Stephenson	700	158	22.6%	657	95	14.5%	-35.9%
Tazewell	1,864	319	17.1%	1,621	164	10.1%	-40.9%
Union	224	45	20.1%	198	30	15.2%	-24.6%
Vermilion	1,306	237	18.1%	1,248	332	26.6%	46.6%
Wabash	221	52	23.5%	136	30	22.1%	-6.3%
Warren	253	41	16.2%	244	43	17.6%	8.7%
Washington	205	33	16.1%	142	14	9.9%	-38.8%
Wayne	257	50	19.5%	182	32	17.6%	-9.6%
White	228	60	26.3%	179	43	24.0%	-8.7%
Whiteside	884	178	20.1%	755	124	16.4%	-18.4%
Will	5,045	921	18.3%	6,068	709	11.7%	-36.0%
Williamson	758	164	21.6%	702	125	17.8%	-17.7%
Winnebago	3,770	1,116	29.6%	3,898	786	20.2%	-31.9%
Woodford	442	62	14.0%	379	36	9.5%	-32.3%

Infant Mortality—1985-90 and 1990-94[1]

County	1985-90 Live births	1985-90 Infant deaths	1985-90 Deaths/ 1,000	1990-94 Live births	1990-94 Infant deaths	1990-94 Deaths/ 1,000	Change in rate
Lee	2,409	23	9.5	2,185	17	7.8	-17.9%
Livingston	2,781	21	7.6	2,478	17	6.9	-9.2%
Logan	1,966	12	6.1	1,823	12	6.6	8.2%
Macon	8,629	103	11.9	8,598	82	9.5	-20.2%
Macoupin	3,053	28	9.2	2,849	21	7.4	-19.6%
Madison	18,169	178	9.8	17,812	148	8.3	-15.3%
Marion	3,101	30	9.7	3,066	19	6.2	-36.1%
Marshall	725	7	*	754	8	*	*
Mason	1,025	7	*	1,035	9	*	*
Massac	827	3	*	899	5	*	*
McDonough	1,838	28	15.2	1,627	20	12.3	-19.1%
McHenry	13,662	121	8.9	17,133	99	5.8	-34.8%
McLean	8,457	86	10.2	9,234	55	6.0	-41.2%
Menard	772	13	16.8	746	7	*	*
Mercer	1,054	7	*	916	4	*	*
Monroe	1,466	9	*	1,511	8	*	*
Montgomery	2,054	20	9.7	1,871	11	5.9	-39.2%
Morgan	2,362	17	7.2	2,227	14	6.3	-12.5%
Moultrie	929	9	*	890	7	*	*
Ogle	3,191	25	7.8	3,291	19	5.8	-25.6%
Peoria	13,968	162	12.1	14,057	140	10.0	-17.4%
Perry	1,393	18	12.9	1,369	13	9.5	-26.4%
Piatt	949	4	*	967	7	*	*
Pike	1,122	13	11.6	1,037	16	15.4	32.8%
Pope	206	0	*	170	0	*	*
Pulaski	596	12	20.1	566	4	*	*
Putnam	358	2	*	334	2	*	*
Randolph	2,126	12	5.6	1,881	19	10.1	80.4%
Richland	1,149	9	*	1,030	7	*	*
Rock Island	10,890	133	12.2	10,323	96	9.3	-23.8%
St. Clair	23,358	293	12.5	22,165	266	12.0	-4.0%
Saline	1,630	14	8.6	1,611	14	8.7	1.2%
Sangamon	13,382	137	10.2	13,475	124	9.2	-9.8%
Schuyler	419	0	*	424	8	*	*
Scott	358	4	*	340	1	*	*
Shelby	1,508	15	9.9	1,449	14	9.7	-2.0%
Stark	398	2	*	404	6	*	*
Stephenson	3,420	30	8.8	3,303	36	10.9	23.9%
Tazewell	8,228	72	8.8	8,307	59	7.1	-19.3%
Union	1,097	8	*	1,124	8	*	*
Vermilion	6,097	76	12.5	6,223	56	9.0	-28.0%
Wabash	963	6	*	816	11	13.4	*
Warren	1,285	11	8.6	1,131	8	*	*
Washington	1,002	12	12	868	4	*	*
Wayne	1,134	8	*	983	11	11.2	*
White	1,063	14	13.2	916	7	*	*
Whiteside	4,215	53	12.6	3,987	29	7.3	-42.1%
Will	27,242	261	9.6	29,861	223	7.5	-21.9%
Winnebago	3,601	30	8.3	3,558	31	8.7	4.8%
Woodford	19,535	204	10.4	20,211	182	9.0	-13.5%
	2,103	17	8.1	2,098	14	6.7	-17.3%

Youth Deaths—1991-1994

County	Total Child Population	Total Child Deaths	Deaths/ 10,000	% of Deaths That Are Violent
Lee	9,813	17	17.3	52.9%
Livingston	10,692	12		58.3%
Logan	8,346	21	25.2	38.1%
Macon	33,930	60	17.7	53.3%
Macoupin	13,637	16	11.7	*
Madison	70,840	119	16.8	58.8%
Marion	12,215	15	12.3	60.0%
Marshall	3,564	7	*	85.7%
Mason	4,652	11	23.6	63.6%
Massac	3,900	9	*	66.7%
McDonough	10,106	14	13.9	64.3%
McHenry	57,814	83	14.4	63.9%
McLean	38,295	40	10.4	57.5%
Menard	3,325	4	*	25.0%
Mercer	5,072	7	*	28.6%
Monroe	6,540	12	18.3	58.3%
Montgomery	8,530	14	16.4	57.1%
Morgan	10,222	18	17.6	66.7%
Moultrie	3,966	4	*	75.0%
Ogle	13,832	27	19.5	63.0%
Peoria	53,748	86	16.0	57.0%
Perry	6,244	11	17.6	45.5%
Piatt	4,396	11	25.0	63.6%
Pike	4,820	7	*	57.1%
Pope	1,214	0	*	0.0%
Pulaski	2,363	5	*	40.0%
Putnam	1,657	4	*	75.0%
Randolph	9,278	14	15.1	71.4%
Richland	4,747	10	21.1	30.0%
Rock Island	42,322	70	16.5	47.1%
St. Clair	82,663	200	24.2	65.5%
Saline	7,156	11	15.4	36.4%
Sangamon	49,927	85	17.0	60.0%
Schuyler	2,044	5	*	80.0%
Scott	1,608	2	*	50.0%
Shelby	6,310	8	*	62.5%
Stark	1,844	2	*	100.0%
Stephenson	13,762	34	24.7	55.9%
Tazewell	36,027	42	11.7	57.1%
Union	4,554	8	*	62.5%
Vermilion	25,223	42	16.7	61.9%
Wabash	3,853	5	*	40.0%
Warren	5,613	11	19.6	54.5%
Washington	4,299	8	*	75.0%
Wayne	4,691	9	*	100.0%
White	4,232	10	23.6	50.0%
Whiteside	17,958	29	16.1	55.2%
Will	117,503	188	16.0	55.3%
Winnebago	15,427	27	17.5	66.7%
Woodford	73,401	128	17.4	55.5%
	10,417	14	13.4	71.4%

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New Families at Risk—1984-1994[1]

County	All '84 Births	1984 Children Born to Families at Risk	Percent	All '94 Births	1994 Children Born to Families at Risk	Percent	Change in Rate
Illinois	**70,932**	**7,979**	**11.2%**	**75,023**	**10,140**	**13.5%**	**20.2%**
Adams	402	39	9.5%	337	45	13.4%	41.3%
Alexander	81	14	*	63	19	*	*
Bond	96	6	*	84	6	*	*
Boone	154	14	9.1%	567	75	9.8%	7.2%
Brown	32	1	*	21	2	*	*
Bureau	160	10	6.8%	151	18	11.9%	118.6%
Calhoun	26	3	*	22	2	*	*
Carroll	91	6	*	72	9	*	*
Cass	71	5	*	63	8	*	*
Champaign	1,172	59	5.0%	972	111	11.4%	126.8%
Christian	196	15	7.6%	167	21	12.6%	66.0%
Clark	97	4	*	94	15	*	*
Clay	77	2	*	81	13	*	*
Clinton	179	10	5.6%	178	18	10.1%	81.0%
Coles	278	27	9.7%	247	28	11.3%	16.7%
Cook	44,232	4,940	14.4%	36,212	5,812	16.0%	11.2%
Crawford	110	3	*	102	18	17.6%	*
Cumberland	67	4	*	50	3	*	*
DeKalb	393	25	6.8%	295	32	8.9%	25.7%
DeWitt	87	10	*	98	9	*	*
Douglas	105	6	*	99	10	*	*
DuPage	4,725	179	2.5%	5,815	171	2.9%	15.8%
Edgar	102	12	11.8%	91	14	*	*
Edwards	42	3	*	28	4	*	*
Effingham	161	9	*	171	11	6.4%	*
Fayette	106	5	*	105	14	13.3%	*
Ford	67	2	*	59	8	*	*
Franklin	223	12	5.4%	214	29	13.6%	151.8%
Fulton	173	16	9.1%	173	17	9.8%	7.5%
Gallatin	36	7	*	28	5	*	*
Greene	91	10	*	92	11	*	*
Grundy	169	5	*	180	18	10.0%	*
Hamilton	42	5	*	46	9	*	*
Hancock	113	6	*	107	12	11.2%	*
Hardin	24	0	*	22	3	*	*
Henderson	38	*	*	37	5	*	*
Henry	308	22	7.1%	237	29	12.2%	71.3%
Iroquois	167	12	7.2%	148	15	10.1%	41.0%
Jackson	383	21	5.5%	342	38	11.1%	102.1%
Jasper	50	3	*	42	6	*	*
Jefferson	255	23	9.0%	197	40	20.3%	125.1%
Jersey	116	11	9.5%	99	8	*	*
Jo Daviess	116	2	*	86	2	*	*
Johnson	43	1	*	49	5	*	*
Kane	1,846	185	9.8%	2,590	306	11.8%	21.1%
Kankakee	602	90	15.0%	602	117	19.4%	30.0%
Kendall	230	14	6.1%	250	16	6.4%	5.1%
Knox	330	44	13.3%	296	46	15.6%	16.9%
Lake	2,945	173	5.9%	3,919	309	7.9%	34.2%
LaSalle	556	41	7.4%	550	69	12.5%	70.1%
Lawrence	91	5	*	69	11	*	*

Abuse and Neglect—FY 1995[2]

County	Sexual Abuse	Percent of Abused	Other Abuse	Percent of Abused	Neglect	Percent of Abused	Total Abused	Child victim rate per 1,000
Illinois	**4,583**	**10.8%**	**21,283**	**46.3%**	**20,142**	**43.8%**	**46,008**	**15.6**
Adams	37	13.6%	125	46.0%	110	40.4%	272	16.1
Alexander	7	*	27	45.0%	26	43.3%	60	19.6
Bond	2	*	26	49.1%	25	47.2%	53	14.5
Boone	24	21.2%	56	49.6%	33	29.2%	113	13.1
Brown	0	*	7	*	7	*	14	11.0
Bureau	13	14.6%	47	52.8%	29	32.6%	89	9.4
Calhoun	1	*	9	*	2	*	12	9.3
Carroll	5	*	31	60.8%	15	29.4%	51	12.1
Cass	4	*	26	50.0%	22	42.3%	52	14.9
Champaign	57	9.3%	415	67.6%	142	23.1%	614	16.3
Christian	24	16.0%	84	56.0%	42	28.0%	150	17.2
Clark	7	*	21	38.2%	27	49.1%	55	13.9
Clay	14	20.2%	32	50.8%	17	27.0%	63	17.2
Clinton	10	9.0%	50	45.0%	51	45.9%	111	12.1
Coles	32	14.4%	123	55.4%	67	30.2%	222	20.5
Cook	1,529	7.1%	8,987	41.8%	10,969	51.1%	21,485	16.8
Crawford	23	24.7%	29	31.2%	41	44.1%	93	19.5
Cumberland	9	*	19	39.6%	20	41.7%	48	15.8
DeKalb	24	10.2%	141	60.0%	70	29.8%	235	14.1
DeWitt	10	16.4%	37	60.7%	14	23.0%	61	14.1
Douglas	6	*	21	48.8%	16	37.2%	43	7.7
DuPage	114	12.6%	433	47.7%	361	39.8%	908	4.4
Edgar	26	21.7%	69	57.5%	25	20.8%	120	24.2
Edwards	3	*	11	47.8%	9	*	23	12.6
Effingham	13	12.9%	45	44.6%	43	42.6%	101	10.6
Fayette	7	*	51	63.0%	23	28.4%	81	15.6
Ford	10	17.5%	38	66.7%	9	*	57	15.7%
Franklin	25	16.1%	78	50.3%	52	33.5%	155	16.0
Fulton	31	13.8%	133	59.4%	60	26.8%	224	24.1
Gallatin	2	*	10	45.5%	10	45.5%	22	13.7
Greene	7	*	42	66.7%	14	22.2%	63	15.6
Grundy	12	19.0%	28	44.4%	23	36.5%	63	7.0
Hamilton	1	*	17	58.6%	11	37.9%	29	14.4
Hancock	6	*	59	65.6%	23	25.6%	90	16.3
Hardin	2	*	5	*	4	*	11	8.8
Henderson	6	*	20	74.1%	1	*	27	13.2
Henry	12	6.9%	103	58.9%	60	34.3%	175	12.7
Iroquois	23	26.7%	42	48.8%	21	24.4%	86	10.7
Jackson	14	9.9%	69	48.6%	59	41.5%	142	12.0
Jasper	4	*	22	57.9%	12	31.6%	38	12.7
Jefferson	20	11.4%	78	44.6%	77	44.0%	175	17.7
Jersey	7	*	28	50.9%	20	36.4%	55	10.0
Jo Daviess	7	*	46	56.8%	28	34.6%	81	14.2
Johnson	4	*	19	63.3%	7	*	30	13.3
Kane	151	12.9%	654	55.7%	370	31.5%	1,175	12.4
Kankakee	42	9.1%	241	52.3%	178	38.6%	461	16.9
Kendall	16	16.5%	55	56.7%	26	26.8%	97	8.2
Knox	36	12.0%	150	49.8%	115	38.2%	301	22.5
Lake	160	11.5%	722	51.8%	513	36.8%	1,395	9.8
LaSalle	72	12.3%	281	48.2%	230	39.5%	583	21.3
Lawrence	15	20.8%	34	47.2%	23	31.9%	72	18.9

Children in Substitute Care—1996[3]

County	Children under Age 18	Children in Substitute Care	Rate per 1,000
Illinois	**2,947,821**	**47,053**	**16.0**
Adams	16,941	175	10.3
Alexander	3,068	26	8.5
Bond	3,659	6	*
Boone	8,602	40	4.7
Brown	1,276	4	*
Bureau	9,444	32	3.4
Calhoun	1,297	0	*
Carroll	4,212	19	4.5
Cass	3,493	16	4.6
Champaign	37,579	651	17.3
Christian	8,715	76	8.7
Clark	3,949	2	*
Clay	3,659	14	3.8
Clinton	9,196	38	4.2
Coles	10,649	58	5.3
Cook	1,280,439	35,560	28.5
Crawford	4,774	7	*
Cumberland	3,041	2	*
DeKalb	16,720	53	3.2
DeWitt	4,323	10	2.3
Douglas	5,580	3	*
DuPage	206,450	192	0.9
Edgar	4,966	11	2.2
Edwards	1,821	3	*
Effingham	9,563	26	2.7
Fayette	5,194	21	4.0
Ford	3,641	13	3.6
Franklin	9,709	34	3.5
Fulton	9,288	69	7.4
Gallatin	1,611	6	*
Greene	4,036	11	2.7
Grundy	8,988	25	2.8
Hamilton	2,010	4	*
Hancock	5,507	46	8.4
Hardin	1,243	4	*
Henderson	2,053	11	5.4
Henry	13,763	36	2.6
Iroquois	8,058	21	2.6
Jackson	11,849	51	4.3
Jasper	3,001	7	*
Jefferson	9,868	58	5.9
Jersey	5,524	13	2.4
Jo Daviess	5,716	14	2.4
Johnson	2,250	12	5.3
Kane	94,751	589	6.2
Kankakee	27,213	289	10.6
Kendall	11,806	13	1.1
Knox	13,364	94	7.0
Lake	142,554	652	4.6
LaSalle	27,369	124	4.5
Lawrence	3,814	15	3.9

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New Families at Risk—1984-1994[1]

County	All 18 & Under	1984 Children Born to Female Age 18 & Under	Percent	All 18 & Under	1994 Children Born to Female Age 18 & Under	Percent	Change in Percent
Lee	287	17	6.2%	172	12	7.0%	-15.9%
Livingston	225	13	5.8%	171	23	13.5%	132.8%
Logan	161	10	6.2%	156	32	20.5%	230.3%
Macon	729	101	13.9%	649	122	18.8%	35.7%
Macoupin	273	20	7.3%	213	30	14.1%	92.3%
Madison	1,465	140	9.6%	1,364	203	14.9%	55.7%
Marion	274	25	9.1%	224	46	20.5%	125.1%
Marshall	45	3	*	61	6	*	*
Mason	90	7	*	100	17	17.0%	*
Massac	90	7	*	61	12	*	*
McDonough	196	10	5.3%	140	8	*	*
McHenry	897	42	4.7%	1,395	59	4.9%	4.1%
McLean	744	45	6.0%	826	63	7.6%	26.1%
Menard	75	2	*	59	3	*	*
Mercer	103	14	13.6%	73	4	*	*
Monroe	109	3	*	121	4	*	*
Montgomery	151	10	6.6%	142	21	14.8%	123.3%
Morgan	196	21	10.6%	164	27	16.5%	56.2%
Moultrie	80	3	*	92	3	*	*
Ogle	240	10	4.2%	240	18	7.4%	77.8%
Peoria	1,096	152	14.8%	1,084	223	20.6%	39.4%
Perry	126	14	11.1%	94	8	*	-23.4%
Piatt	82	3	*	94	13	*	*
Pike	79	4	*	83	10	*	*
Pope	31	0	*	19	2	*	*
Pulaski	93	11	*	86	13	*	*
Putnam	34	1	*	33	3	*	*
Randolph	166	8	*	154	19	12.3%	*
Richland	121	7	*	77	16	*	*
Rock Island	910	122	12.8%	878	149	17.7%	38.0%
St. Clair	1,479	323	19.2%	1,666	333	20.0%	3.9%
Saline	184	12	6.1%	130	13	10.0%	23.3%
Sangamon	1,153	114	9.9%	1,119	163	14.6%	47.3%
Schuyler	40	3	*	27	4	*	*
Scott	32	3	*	29	3	*	*
Shelby	145	8	*	114	11	9.6%	*
Stark	37	1	*	25	6	*	*
Stephenson	282	23	8.2%	289	51	17.6%	114.4%
Tazewell	758	51	6.7%	691	81	11.7%	74.2%
Union	103	10	9.9%	83	7	*	*
Vermilion	522	73	14.0%	530	110	20.8%	49.4%
Wabash	77	5	*	56	8	*	*
Warren	94	7	*	104	15	14.4%	*
Washington	80	2	*	92	6	*	*
Wayne	112	8	*	76	7	*	*
White	104	6	5.8%	79	13	*	*
Whiteside	352	34	9.7%	372	55	17.6%	82.5%
Will	1,603	159	9.9%	2,359	211	9.1%	-2.5%
Williamson	338	21	6.3%	321	34	10.6%	69.5%
Winnebago	1,549	196	12.6%	1,615	253	15.7%	22.5%
Woodford	149	7	*	193	14	10.5%	*

Abuse and Neglect—FY 1997[1]

Sexual abuse	Percent of abused	Other abuse	Percent of abused	Neglect	Percent of abused	Total abused	Child victims per 1,000
25	16.0%	66	42.3%	65	41.7%	156	17.5
25	15.7%	75	47.2%	59	37.1%	159	16.1
23	25.8%	31	34.8%	35	39.3%	89	12.2
71	14.1%	240	47.6%	191	38.0%	502	16.5
33	17.8%	97	52.4%	55	29.7%	185	15.1
144	13.5%	447	41.9%		44.6%	1,067	16.8
60	18.5%	131	40.3%	134	41.2%	325	29.2
7	*	10	45.5%	5	*	22	6.8
4	*	25	49.0%	22	43.1%	51	12.0
10	28.6%	23	65.7%	17	34.0%	50	14.3
16	15.2%	60	57.1%	29	27.6%	105	16.1
78	12.7%	356	58.2%	178	29.1%	612	11.4
62	10.1%	291	47.4%	261	42.5%	614	20.5
7	*	19	54.3%	9	*	35	11.5
5	*	23	46.3%	22	44.0%	50	10.9
5	*	17	58.6%	7	*	29	4.8
17	19.1%	47	53.0%	30	31.9%	94	12.0
14	8.3%	81	47.9%	74	43.8%	169	19.2
8	*	19	44.2%	16	37.2%	43	11.9
24	11.1%	135	48.6%	87	40.3%	216	17.1
106	11.2%	390	62.2%	252	26.6%	948	20.0
14	24.6%	26	45.6%	17	29.8%	57	10.2
8	*	19	48.7%	12	30.8%	39	9.7
13	18.1%	25	34.7%	34	47.2%	72	16.6
1	*	1	*	3	*	5	*
6	*	16	38.1%	20	47.6%	42	19.4
1	*	3	*	2	*	6	*
18	18.0%	46	46.0%	36	36.0%	100	11.9
16	12.8%	57	45.6%	52	41.6%	125	23.0
78	9.1%	398	46.7%	377	44.2%	853	22.5
159	8.2%	747	37.9%	778	53.9%	1,444	19.3
11	7.8%	84	59.6%	46	32.6%	141	27.8
103	13.1%	405	51.3%	281	35.6%	789	17.3
6	*	16	59.3%	5	*	27	14.3
5	*	6	*	14	56.0%	25	16.9
5	*	35	60.3%	18	31.0%	58	10.0
2	15.4%	3	*	8	*	13	7.6
23	8.4%	123	44.7%	129	46.9%	275	22.2
75	23.3%	176	54.8%	74	22.7%	326	9.9
7	*	23	45.1%	21	41.2%	51	12.3
47	11.4%	188	45.5%	178	43.1%	413	16.0
3	*	25	59.5%	14	33.3%	42	12.3
21	22.6%	56	60.9%	15	16.3%	92	19.4
1	*	15	36.6%	25	61.0%	41	10.4
6	*	19	45.2%	17	40.5%	42	9.7
15	17.9%	42	50.0%	27	32.1%	84	21.3
38	14.8%	135	52.7%	83	32.4%	256	15.9
90	14.6%	310	50.2%	217	35.2%	617	5.8
37	16.9%	96	51.9%	59	31.2%	189	13.5
148	10.8%	669	48.7%	557	40.5%	1,374	20.8
14	19.2%	42	57.5%	17	23.3%	73	7.7

Children in Substitute Care—1998[1]

Children under Age 18	Children in Substitute Care	Rate per 1,000
8,656	68	7.9
9,496	56	5.7
7,317	75	10.3
30,460	509	16.7
12,255	43	3.5
63,636	388	6.1
11,148	97	8.7
3,272	2	*
4,239	36	8.5
3,493	1	4.9
6,551	60	9.2
53,495	95	1.8
29,971	323	10.8
3,045	9	*
4,579	8	*
6,936	16	2.7
7,817	22	2.8
8,807	54	6.1
3,922	1	*
12,630	37	2.9
47,424	942	19.9
5,587	6	*
4,025	10	
4,342	39	9.0
1,071	1	*
2,196	37	14.3
1,535	1	*
8,433	34	4.0
4,376	28	6.5
37,470	337	8.9
74,776	885	11.8
6,496	47	7.3
45,510	518	11.4
1,692	7	*
1,478	3	*
5,826	10	1.7
1,730	2	*
12,363	131	10.6
32,614	119	3.6
4,150	31	7.5
22,903	249	10.8
3,410	9	*
5,013	44	8.8
3,925	20	5.1
4,308	11	2.6
3,937	21	5.3
16,110	89	5.5
106,370	513	4.8
13,876	67	4.8
66,160	636	9.6
9,431	39	4.1

Definitions and Methodology

LEGEND FOR TABLES

** indicates that a rate does not meet standards of reliability or precision.*

NA: On the Pre-Kindergarten/Head Start table indicates figures were not available; One the Infant and Toddler Care table it indicates that no child care slots exist there for no cost calculations could be made.

State Pre-kindergarten figure includes 310 children in a multi county unit.

Children ages 3-5 years are used as the population base for Head Start and Pre-Kindergarten programs. These programs primarily serve low-income and other at-risk children. The percent of children served does not represent need, but is used as a point of reference. The figures for children ages 3-5 in poverty are not available by county.

State lack of prenatal care figures include 0 children in 1984 and 3 children in 1994 who had an unknown, out-of-state, or out-of-country residence.

State infant mortality figures include 7 children in 1985-1989 and 55 children in 1990-1994 who had an unknown, out-of-state, or out-of-country residence.

State teen families at risk figures include 0 children in 1984 and 0 children in 1994 who had an unknown, out-of-state, or out-of-country residence.

State child abuse and neglect figure includes 2,080 children with unknown, out-of-state, or out-of-country residence.

State substitute care figure includes 2,086 children in unknown or out-of-state residence.

Methodology and Sources

FAMILY AND COMMUNITY ECONOMICS

Unemployment

The unemployment rate represents the average (over 12 months) percent of all persons unemployed in 1990 and 1995.

Source: Illinois Department of Employment Security

Children Receiving AFDC 1991 and 1996

This indicator represents the number of children under age 19 receiving Aid to Families with Dependent Children grant payments as of June 1996. A rate was calculated by comparing that number to the number of children under age 19 in the general population of each county. The 1996 population figures taken from the 1990 census are used to compute the rate.

Source: Special Tabulation, Illinois Department of Public Aid 1991 and 1996; 1990 Census of Population and Housing Summary Tape File 1A

Child Support Enforcement

This indicator represents the percent of cases which have paternity established, the percent of cases with support orders that have any support collected and the total number of child support enforcement cases handled by the Illinois Department of Public Aid as of June 1995.

Source: Illinois Department of Public Aid, Child Support Enforcement Division 1995

EDUCATION AND EARLY LEARNING

Infant and Toddler Child Care

This indicator represents the average costs of licensed child care and the accessibility rate of care in June 1996. The costs were computed by aggregating average costs per type of care by county and dividing by number of care facilities. The accessibility rate is generated by dividing the number of slots by the number of children ages one and two in the general population of each county. The 1996 population figures were calculated by adding the number of live births for 1993 and 1994 and subtracting infant deaths for those years.

Source: Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and the Illinois Department of Children and Family Services (DCFS). Population information by the Illinois Department of Public Health.

Head Start

Children enrolled in a Head Start program as of October, 1995. The Head Start program serves children between ages 3 and 5 who, due to economic factors, are at risk of educational failure. A rate is constructed by comparing the figures to the estimated 3- to 5-year-old population in 1995.

Source: Department of Health and Human Services, Region 5, Office of Head Start Administration.

State-Funded Preschool Education

Children receiving state funded preschool education refers to the number of children, ages three to five, enrolled in the Illinois State Board of Education's Children at Risk of Academic Failure program as of October, 1995. A rate is constructed by comparing to the figures to the 3- to 5-year-old population in 1995.

Source: Illinois State Board of Education, Early Childhood Education Section.

Estimates of the 3- to 5-year-old Population

Estimates of the 3- to 5-year-old population in 1995 were created by adding up all of the births in 1986, 1987 and 1988. A mobility/mortality adjuster was created by comparing the 1986-1988 total to the 1990 Census figures for 3- to 5-year-olds in 1990. After adding up the births in 1990, 1991 and 1992 (children that would have been three to five years old in 1995) the mobility/mortality adjuster was applied to create the estimate. This methodology was suggested by the U.S. Department of Heath and Human Services.

Source: Illinois Department of Public Health, Vital Statistics 1986, 1987, 1988, 1989, 1990, 1991 and 1992; 1990 Census of Population and Housing Profiles.

Revenues Per-Pupil

A school district's unrestricted operational revenue per-student is the amount a district has available for general education of public school students. Per-pupil operational revenue is the revenue generated by local property taxes and state and federal aid, divided by the average daily attendance of students living in the district during the regular 1994-1995 school year. The attendance rate is calculated by taking the average of the best three months (the same formula used in the calculation of the General State Aid). The local contributions consist of the Operating tax rate multiplied by the Equalized Assessed Value in 1992, and the money that is generated through the Corporate Personal Property Replacement fund in 1992. The total revenues represented here do not include categorical funds.

The average per-pupil expenditure was compared to the recommended level of funding suggested by the Legislative Task Force on School Finance. The Task Force suggests a 1990 spending level of approximately $4,053 for an adequate K-12 education. This figure was increased by the rate of inflation to determine a 1994 adequacy level.

Source: Data by Illinois State Board of Education; Calculations by Voices for Illinois Children

HEALTH AND WELL-BEING

Births Without First Trimester Prenatal Care

The percent of live births without first trimester prenatal care is computed by dividing the number of births without prenatal care in the first three months of pregnancy by the total number of births. Both components of this percentage do not include births where the month when prenatal care began was unknown or missing.

Source: Illinois Department of Public Health

Infant Mortality

The rate of Infant Mortality is computed by dividing the number of deaths of persons under 1 year of age by the total number of live births that year and multiplying by 1,000. The years 1985 to 1989 and 1990 to 1994 were grouped to generate sufficient numbers to calculate rates. The percent change in the infant mortality rate shows the changes in the rate of infant mortality. A positive change indicates an increase in the infant mortality rate while a negative number denotes a decrease between the time spans.

Source: Illinois Department of Public Health

Youth Deaths

Youth death rates were computed by dividing all of the deaths of persons between 1 and 19 years of age from 1991 to 1994 by the total number of persons that age in 1991 and multiplying by 10,000. The years 1991 to 1994 were grouped to generate sufficient numbers to calculate rates. A violent death is defined as any death (including homicide, suicide, accidents) not caused by health problems (such as heart attack).

A single year (1991) of population figures was used to calculate a rate because of the lack of general population data. This technique is used and recommended by the Population Reference Bureau and the Illinois Department of Public Health.

Source: Youth Death data provided by the Illinois Department of Public Health. Population Data Provided by the Illinois Department of Public Health in conjunction with the Bureau of the Census.

FAMILIES AT RISK

New Families at Risk

This indicator counts the number of first births where the mother was under the age of 20, had less than 12 years of schooling, and was unmarried at the time of the birth of her child. This number is then divided by the total number of the first births to obtain a percentage of first births where the mother had these characteristics.

Source: Illinois Department of Public Health Sterilized Birth File of Vital Statistics 1984 and 1994; Chapin Hall Center for Children.

Abuse and Neglect

An indicated case of abuse and neglect refers to those children where the Department of Children and Family Services found evidence that abuse or neglect occurred. This number is smaller than the number of reported cases, a number of which are eventually proved unfounded. We present unduplicated counts. That is, a child was only counted once during a given year, regardless of the number of times an indication was made. A rate was constructed by comparing these figures to the under-18 population in 1990.

Source: Child Welfare Careers Database, Chapin Hall Center for Children and the Department of Children and Family Services; 1990 Census of Population and Housing, Summary Tape File 1-A

Children in Substitute Care

This indicator represents the number of children in licensed family foster care, kinship foster care, and institutions or group homes as of January 1, 1996. A rate was constructed by comparing these figures to the under-18 population in 1990.

Source: Department of Children and Family Services, Children and Youth Centered Information System (CYCIS), Chapin Hall Center for Children; 1990 Census of Population and Housing, Summary Tape File 1-A

DETERMINATION OF RURAL AND URBAN

For the purposes of this report a rural county is defined as one which is not part of a metropolitan statistical area, as defined by the U.S. Bureau of the Census; or one which is a part of a metropolitan statistical area but has a population of less than 60,000. All other counties are considered urban. There are 84 rural counties in Illinois.

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Kids Count Advisory Committee 1996

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